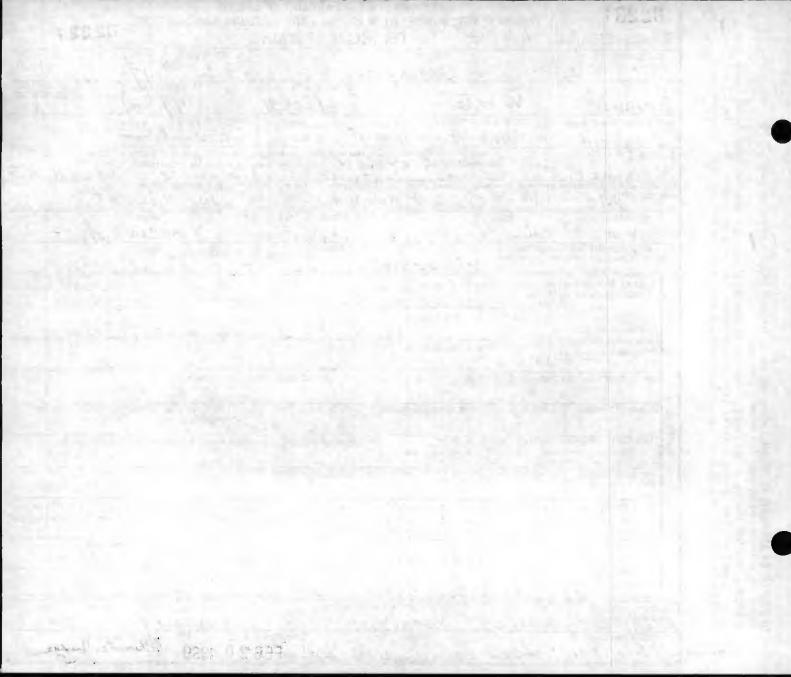
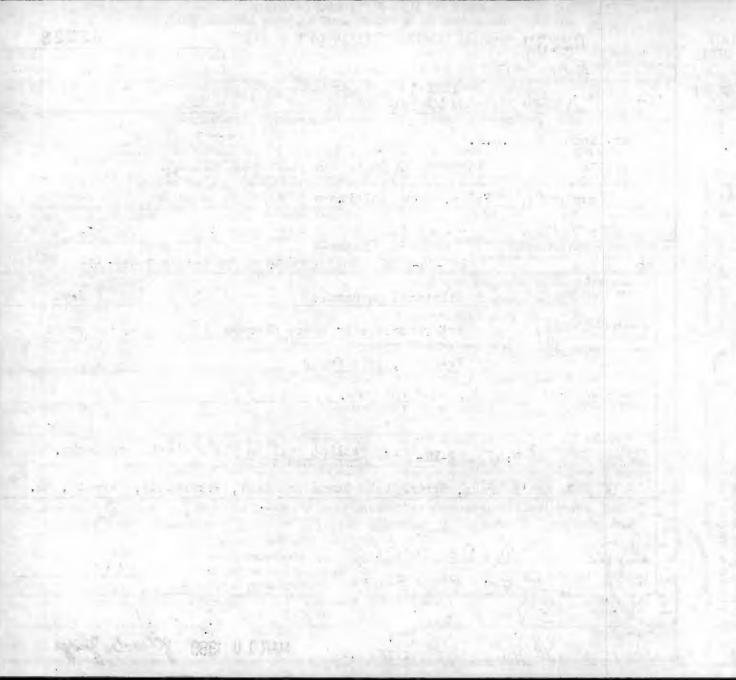


1	1	02231	MAKILAN	301 W. PRESTON STREET, BAL		
2	T	tem15 FilmC41C	4	CERTIFICATE OF DEATH		02227
. 2 :		CEASED-NAME First		Lost	20. DATE OF DEATH	2b. HOUR
eath eath		vne or nent)	ucie GREGOR	A 4	Freh Month 17	Or Yeor 11:30 M
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urs after death urs after death Pages 1 and urs after death	12	emale	White	6/20/91	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN.
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physician physician please are please and ir		WAS DECEASED EVER IN U.S. AR		6. 17. INFORMANT Jerrie	Earle anders Address	177/7/7
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e me		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), and (c).)))	1. +	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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the this deta		While Not while at work				
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ned ined auld the	1.	causes stated abov	re (1) (we) (did) (did nat) view the	bady after death.	pinian death decoired an the	date and had and hans me
ECT CELL		22b. SIGNATURE	17,011/1	ATTENDING -	MED. STAFF	2c. DATE SIGNED
be be liled	Н	22d. PHYSICIAN'S	1 110 and M	DEGREE PHYS. 22e. ADDRESS 25	N. Man ST	2/1/169
md) ERAL		NAME (Type)	HFOARD M	D MA	reporter d	10 2-1102
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by girectar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, crea	230		DATE , 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 4 4 4	-	BEMOVAL (Specify)	2/20/169 METH	FODIST	UNIONTOWN	mp
OM REV. WOR	24.	TUNFRAY OVRECTOR #	ADDRESS N. ADDRESS	idans Md DATEFE	B 2 0 1968 PEGISTRA	R'S SIGNATURE
San 827. 11 00 1	VZ	N. Townsell	D-0 HO THU WIN	CALLOW, ME DATE E	0 2 0 1300	1 1



- 1	1 Item5 FilmGL10 MARYLAND STATE DEPARTMENT OF HEALTH	
-	3/14/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	29939 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	32228
HEALTH DEPT	1. DECEASED NAME First . Middle Lost 20. DATE KNOWN Month Do OF ESTI-	
20 S S S S S S S S S S S S S S S S S S S	FRNO/C DEATH MATED	1 1969 7:35 p M
delay and 3 M3. Bo	3. SEX 4. RACE 5. DATE OF BIRTH 1882 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Months	2d. HOUR
A San de	MAIE White MAY 11, 188/3 86 YRS. MONTHS DATS HOURS MIN. Month Doy	Yeor 1969 7034FM
I, 2, mm P, Dep	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 5. COUNTY OF DEATH	7.0
orn o	Maryland U.S.A. WIDOWED DIVORCED Carroll	Mc
ages the form	12. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done 12b)	. KIND OF BUSINESS OR
MINER: This certificate should be executed within 24 hours after death the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 4 should be forwarded to the Chief Medical Examiner's Offlice along with form It files. In files. Is a should be used as a burial-transit permit. File pages I doe 2 with the State Desemation, or removal, and in any event within 72 hours after death.	Sykesville Springrield State Hospital Farm laborer	OUSTRY
after along Give	13a, USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c, CITY OR TOWN 13d INSIGE CITY LIMITS? 13e, STREET AND NUMBER	
18. Gi	odmission) STATMaryland 36. CounBalto. City Baltimore YES NO unknown	
Item 19 Office 1 office 2	. 14. FATHER'S NAME , First , Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
24 h	HAMILTON ARNOLD EMMA	TAILINGS
hin 24 haw nacil in Item niner's Offfic pages I and haurs after	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within pencil kamine ile pagi	(Yes, no, or unknown) (If yes give wor or dates of service) 220-54-6645 Springfield State Hospital Record	ds
d with per Exar Exar File in 72	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mit Mith	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Bilateral pneumonia	days
pending" in pending" in sit permit. I	4/23 DUE TO, OR AS A CONSEQUENCE OF	11.1.1.
pe 'pe ief	(Conditions, if ony, which gove) Arteriosclerotic heart, disease	years
Part of the part o	rise to immediate couse (a), Statistical forms of the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
*AL EXAMINER: This certificate shauld be executed within execute the certificate, writing the ward "pending" in pencil xr. Page 4 shauld be forwarded to the Chief Medical Examine far your files. **TOR:*Page 3 shauld be used as a burial-transit permit. File page urial, cremation, ar remaval, and in any event within 72 hau	lost. (c) Fracture, left femur	
athe sed to ed to and i	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fical ing ing ing ded as	Sahiganhyania regation paranoid type	
certif orwan used (moval	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certific ficate, writin be forwards d be used as ar remaval,	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, frem	YES THE NO
the pe d b	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, frem.	18.)
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sho sho	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
KAMINER: te the certi ye 4 shauld your files. age 3 shau'	white Man work Men's Group, Springfield State Hospital, Sykesville, Carr	roll, Md.
bical Examiner: se execute the certicator. Page 4 shauld ned far yaur files. ECTOR: Page 3 shauld suburial, cremation,	22a. I certify that I took charge of the remains described above, held an Autopsy 4. Inspection 1. Inquiry 1.	and in my apinian
CAI OT TO	death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined monner	1
UTY DICA ry, please e eral director be retained RAL DIRECT prior to bu	CHIEF MEDICAL EXAMINER	
ITY please ry, please eral direct be retain prier to prier to	SIGNATURE . C. Tartur field M.D. ASSISTANT MEDICAL EXAMINER 226, DATE SIGN	NED
UTY,	// Occurs require and 2/27/	69
o DEPUTY SICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained far your 5 FUNERAL DIRECTOR: Page Health priar to burial, crem	NAME (Type) M.C. PORTER & IE / ADDRESS/BLOGE/LITY/LIGHTED CONTINUED OF THE ADDRESS/BLOGE/LITY/LITY/LITY/LITY/LITY/LITY/LITY/LITY	/
O DEPUTY necessary, the funero 5 moy be O FUNERAL Health pri	230 BURIAL CREMATION 23h DATE 23r NAME OF CEMETERY OF CREMATORY . 23d TOCATION (City or Town)	Sunty) [Stote)
	TREMOVAL (Specify) 3-6-69 It Tulin Cometing Sulcassifile	Mol.
(A)	24. FUNERAL DIRECTOR 250 REGISTRAR'S SIGN	NATURE
VR A15ME (5)	HARTO YII HAIAH Shire No MAR 10 1969 Reliantes	udge
TUM REV. 1700	21784	



02233

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the hospital ar attending physician.

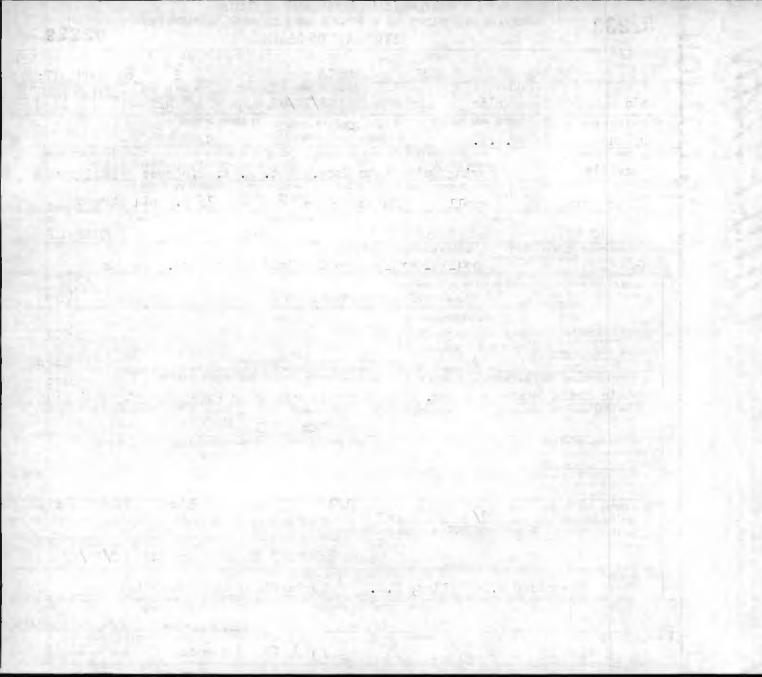
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by he functor director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages, and shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

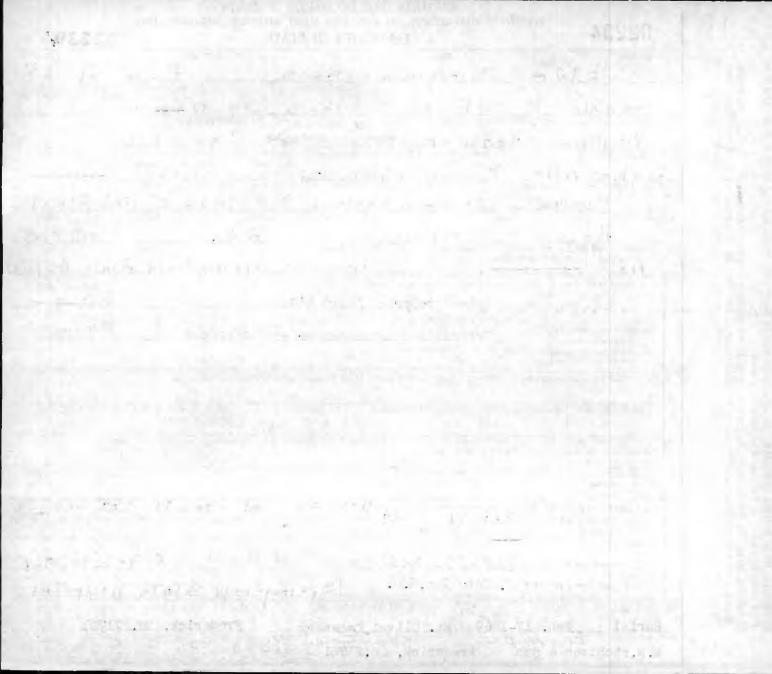
CERTIFICATE OF DEATH

02229

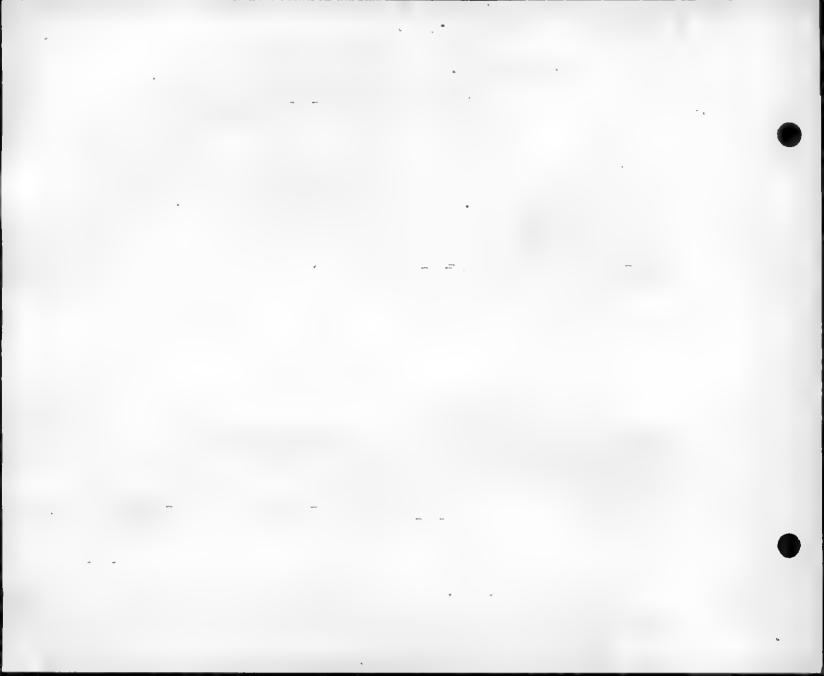
T		rst Midd	le Lost	12	lo. DATE OF DEATH		2b. HOU
	(Type or print) WA	LTER BLAI			2	Day Year	7:00
1	Male	4 RACE White	S. DATE	OF BIRTH JUNE 1/20/69 18	6. AGE (In years last birthday)	MONTHS DAYS	UNDER 24 F
76	ra. BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY?	MANUAL TENDETALL	MARRIED 9. C	CARROLL		
10	O. CITY OR TOWN OF DEATH Sykesville	give street oddress) Springfi	ALORINSTITUTION (If not in hosp eld State Hos;	during most of Ret. R.	CCUPATION (Kind of work don of working life, even if retired R. Employee		
00	odmission) STATE Maryland	eosed lived, if institution: Residence 13b. COUNTY Carroll	Union Brid			Street	
14	4. FATHER'S NAME First JOSEPH	Middle BAI		'S MAIDEN NAME First LAURA	Middle	FLECKING	Last CR
1	16a. WAS DECEASED EVER IN U.S. A Yes, na, ar unknawn) (If yes giv	ARMED FORCES? 16b. SOCIAL S	ECURITY NO. 17. INFORMAN	T	Address		
	PART DEATH WAS CALL	anly one couse per line for (o), (b), ISED BY: DIATE CAUSE (a) Bilate	ond (d)) eral bronchopne	eumonia		APPROXIMAT OETWIEN ONSE day	T AND DEAT
	Conditions, if any, which gave rise to immediate cause (a stating the underlying coustast.	DUE TO, OR AS A CONSEQUI (b) Heart DUE TO, OR AS A CONSEQUI	failure	art diseas	3	day	
		CONDITIONS CONTRIBUTING TO DEATH				phras	
1012		n Syndrome assoc Pb. CONDITION FOR WHICH OPERATION	WAS PERFORMED 2Da.	AUTOPSY? SEE NO	206. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CERT	IFYING
1	210. ACCIDENT WAS UNDERLY	VINC Tax size of many					
	OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. Month Day	Y Year	Y OCCURRED (Enter no	ture of injury in Part 1 or Port	2, Item 18.)	
	[If either, natify medical example 21d. INJURY OCCURRED 2: While Nat while 11 work at work	PATH HOUR A.M. Month Day P.M. 1e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING	Y Year 19 STREET, FACTORY.) 21f. LOCATION FTC.	Street or R.F.D. Na.	City ar Tawn	Caunty	
	While Nat while 22a. I certify that (I) (saw the deceased	PEATH HOUR A.M. Month Day miner) P.M.	y Year 19 STRFET, FACTORY.) 21f. LOCATION ETC. 21f. LOCATION LOCATION U1/20 19 02, and that in	Street or R.F.D. Na.	City ar Tawn	Caunty	Sto \$ (we) d fran
	While Nat while at wark 22a. I certify that (I) (saw the deceased causes stated aba 22b. SIGNATURE Many case	HOUR A.M. Manth Day P.M. 1e. PLACE OF INJURY (AT HOME, FARM, OFFICE BUILDING (this haspital) attended the alive an O2/O6 vive, (F) (we) (did) (did Yet) vie	y Year 19 STREET, FACTORY.) 21f. LOCATION deceased from 01/20 19 02, and that is a sew the bady after death.	Street or R.F.D. No. 1969 1 (my) (aur) apinia ENDING	City ar Tawn _, ta02/06, n death accurred an the	Caunty	
	While Nat while at wark 22a. I certify that (I) (saw the deceased causes stated aba 22b. SIGNATURE Transcer 22d. PHYSICIAN'S NAME (Type) Fram	The PLACE OF INJURY (AT HOME FARM, OFFICE BUILDING (this haspital) attended the calive an 02/00 (ive, (F) (we) (did) (did not) vie of the calive J. Ceball	deceased from U1/20 19 21f. LOCATION deceased from U1/20 19 69, and that it we the bady after death.	Street or R.F.D. No. 1969 (my) (aur) apinia ENDING	City ar Tawn _, ta02/06, n death accurred an the	Caunty 19 <u>69</u> , that Q1 date and haur an 2c. DATE SIGNED 02/06/69	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02234 CERTIFICATE OF DEATH 02230 1. DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR 24 haurs after death. after death. funeral 1 and (Type or print) Year - 50 M 50 3. SEX DATE OF BIRTH 6. AGE (In years IF UNDER 3 YEAR IF UNDER 24 HRS. last birthday) MONTHS e male 9 THEY YRS 7a, BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH attending physician and campletely filler in semit. Then please remaye carbon papers on a remayal, and in any event, within 22 m country) WIDOWED DIVORCED RAINIA 10 S S P ORICK 10. CITY OR TOWN OF DEATH within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY KESYILLE SPWIFE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER death certificate be executed COUNTY burial, crematian, ar remaval, and in any 14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle 055 KINS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) NA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY permit. Years IMMEDIATE CAUSE (a) Arterioscleric Heart Disease DUE TO, OR AS A CONSEQUENCE OF requires that the Canditions, if any, which gave signed by the burial-transit p (b) Generalized Arteriosclerosis Years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 205. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [Page 4 may be retained by the hospital or 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Past 1 or Past 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d, INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 1974 38, 1964, to 14, 1964, that (I) (we) last saw the deceased alive an 1964, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS J. Ceballos M.D. NAME (Type) Francisco PRINGP 050 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (State) (County) REMOVAL (Specify) Frederick. Mt. Olivet Cemetery 2Sb. REGISTRAR'S SIGNATURE VR A15 M.R. Etchison & Son Frederick, Md.21701



2101 Preduick ave



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02232 82236 CERTIFICATE OF DEATH 2b. HOUR A Middle 2a. DATE OF DEATH . DECEASED-NAME First requires that the death certificate bootxitied within 24 hours after death (Type or print) '00 M 6 AGE (In years lost birthagy) IF UNDER I YEAR S. DATE OF BIRTH FEMALE 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (Stots or foreign 8. MARRIED NEVER MARRIED WIDOWED Z DIVORCED [12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even firetired) 10. CITY OR TOWN OF DEATH INDUSTRY 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Residence before 13c CITY OR TOWN 14. FATHER S NAME Last 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or upknown) 2/2-52-91863 director, page 3 should be detoched for use os the buriol-transit permit. Then p should be filed with the State Dept. of Health prior to buriol, cremation, or removol, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO 🗔 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INSURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE MED DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (C'ty or Town) (State BURIAL CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 1969 30M REV, 1/68



1	I	MARYLAND STATE DEPARTMENT OF HEALTH Technology 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2 / 2	
TOD STATE	Fi	Amghos 2/24/23 Amedical Examiner's Certificate of DEATH	02233
FOR STATE		100 2 7 MEDICAL EXAMINER O CERTIFICATION OF THE PROPERTY OF TH	ay Year 2b HOUR
± 2 m ≥	(1	GERSED NAME CLINTON BIOSTINAL DEATH MATED 20. DATE KNOWN Month Do Control WILLIAM CLINTON BIOSTINALN DEATH MATED 2-1	1969 10:45 M
è de la constant de l	3. SI	Day I last purhday) MONTHS DAYS HOURS MHN Month 2 Day //	Year 1969 2d, HOUR
P. art	70.1	BIRTHPLACE (State or foreign 76 (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 07 M
I, 2, rm Pr	caun	<u> </u>	Me
arh ages ith far State	ID. C	ITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12)	b KIND OF BUSINESS OR
ofter death 8. Give Pages 1, along with farm with the State D.	1/2	VESTMINSTER give street address) INT Auring most of working life, even if retired INT NESTMINSTER INT NESTMINSTE	CEMENT
alang alath		USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
	-	dm ssion) STATETARYLAKA TO COUNTY REDERICK JOHNSVILLLEYES NO NONE	
24 haurs of m Item 18. r's Office ale	14, F	ATHER'S NAME: First Middle Bostion Lost IS MOTHER'S MAIDEN NAME First Middle CALL	RIMM
hin 24 ncti in niner's pages hauts	160.	WAS DECEASED EVED IN 115 ADMED EDD/ES2 144 SOCIAL SCRIPTLY NO 17 INFORMANT	111111
on on 22	()	(if yes give war or doles of service) 215-14-1739 LINDA BUSTION JOHNSVILL	E MD
ed w all Ex all Ex hin 7		18 CAUSE OF DEATH (Enter only one cause per line to (a)) (b) and (c)) PART L DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BEDVEEN ONSET AND DEATH
ld be executed rd "pending" in Chief Medical E. transit permit. F		IMMEDIATE CAUSE (a) Charles My March 1985	Serdden
be ex "pend lief M Insit p		DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave	
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s certificate should a, writing the word farwarded ta the C used as a burial-tr emaval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
certificate writing th irwarded t used as a	8		Loo suroneva
	CERTIFICAT ON	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	ERTIE	210. EXTERNAL CAUSE WAS 210. TIME OF MIURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	
# n 4 °	MEDICAL (PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	,
Sha	MED	21d INJURY OCCURRED 21e PIACE OF INRY (At home form street 21f, IOCATION Street or R.F.D. No. (two rown	County State
EXAMINER: ute the certi age 4 shauld your files. Page 3 shou		WHILE NOT WHILE factory, affice building, etc.)	
ICAL EXA texecute tor. Page ed far you CTOR: Pag burial, cre		22a. I certify that I took charge of the remains described above, held an Autopsy, inspection 🔀, Inquiry,	and in my apintan
Ed a cit e c		death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner]
please e please e I director retained L DIRECT iar ta bu		ACTUAL COLOR SAMINER 226 DATE SIG	CHICA
ry, ple eral di be reto RAL Di priar		SIGNATURE ASSISTANT MEDICAL EXAMINER DEDITY MEDICAL EXAMINER	2-11-69
o DEPUTY BICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your 5 FUNERAL DIRECTOR: Page Health prior to burial, cren		NAME (Type) W GLENN SPEICHER DOBESSIGET BY WORLD STWEET	ela Carroli
necessar the fune 5 may b 70 FUNER Health	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	Caunty) (Sylve)
		BURIAL FEB 14-1969 METHODIST MIDDLEBURG	CARRYLID
VR A15ME (5)	24.	FINERAL DIRECTOR, ADDRESS DAFEEB 1 7 1969 ADDRESS DAFEEB 1 7 1969	SNATURE
10M REV 1/68	1	D Maragur Done William Pringer	



1	1	02239	MARYL DIVISION OF VITAL RECOR		DEPARTMENT			1	
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£ (2.94)		CEASED-NAME First	M'ddle		Lost	2a. I	DATE OF DEATH		2b HOUR
	(1	ype or print) Man	nie -		Branson		2 Month 7	Day 69 Year	10:30
\$ 7 m	3. SE	X	4 RACE		S. DATE OF BIRTH		6 AGE (in years	IF UNCER I YEAR MONTHS DAYS	IF JINDER 24 HRS. HOURS MIN.
s af		female	Negro		6/2/82			RS.	NIII.
2 2		t-d (t-d	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	V.	NTY OF DEATH		
4 E 9 E		Maryland	USA	WIDOWED			rroll	I have seen a seen	M
within bog file	R	ity or town of death uralSykesvill	11 NAME OF HOSPITAL Of give street address) Le Springfiel	d State	Hospital	luring most of w	IPAT ON (Kind of wark do varking life, even if retire STIC	d.) INDUSTRY	JUSINESS OR
The low requires that the death certificate be executed within 24 Fours after death attending physician. has been signed by the ottending physician and completely filted they the water se as the burial-transit permit. Then please remove corban papers are the purial-transit permit. Then please remove with the prior to burial, cremation, or removal, and in ony event, within 72 hours after death the prior to burial, cremation, or removal, and in ony event, within 72 hours after death the prior to burial, cremation, or removal, and in ony event, within 72 hours after death the prior to burial, cremation, or removal, and in ony event, within 72 hours after death the prior to burial, cremation, or removal, and in ony event, within 72 hours after death the prior to burial, cremation, or removal, and in ony event.	13a odm	USUAL RESIDENCE (Where decease issian) STATE Md.	ed lived, if institution, Residence be		imore YES	NO NO STATE OF STATE	743 McCabe		
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icate sicio pleo 1, an	16a		ne or dotor of conucol		VFORMANT	9 77 * 1	Address	-	1 151
phy nen ova	<u> </u>	nó /			ringlield	i Hospit	al records,		Le Mai
the carried seconds and the carried seconds are carried seconds and the carried seconds are carried seconds and the carried seconds and the carried seconds are carried seconds are carried seconds and the carried seconds are carried second seconds are carried second		18. CAUSE OF DEATH (Enter one PART I DEATH WAS CAUSED	y ane cause per line far (a), (b), and BY.		t failure			BETWEEN ON	ISET AND BEATH
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physicia physicia signed b burial-tr burial, c		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH B	UT NOT RELATED TO	THE TERMINAL DISE	EASE OR CONDITIO	ON GIVEN IN PART 1(a)	Chronic b	rain
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III: The fow related of our official or attending licote has been sfor use as the beatth prior to be the control of the contro	CERTIFICATION	190. DATE OF OPERATION 19b. (CONDITION FOR WHICH OPERATION WA	AS PERFORMED	20a. ALTOPSY?		20b IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CEI	RTIFYING
II. The or affort the house salth	ERTIF	21o ACCIDENT WAS UNDERLYING	G 21b TIME OF INJURY	In 11	YES	NO 🛣			
al o ficot for Hec		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day	Year Zic. H	AM INJOKA OFCORKE	D (Enter notice	of injury in Part 1 or Port	/ 2, Hem (B.)	
hospital or its certificate tached for up Dept. of Healt	MEDICAL	(If either, natify medical examining 21d INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC	ET. FACTORY, 1 216 LC	CATION Street or I	RED No	City ar Tawn	Caunty	State
nis page		111119 1101 (4)1110					,		
by th tfter the be de State		22a. I certify that \$10 (thi	s haspital) attended the dec ive an	eased from	_6/26/	19.68_,	ta2/7/	19_69 , that	(DC(we) las
T 7 7 0		saw the deceased al	ve an 2/7/	19 <u>69</u> , and	that in pays (a	our) opinion o	leath accurred an the	date and hour o	ind from th
retain d ECTOR: A should with the		Causes stated above	, (L) (we) (aid) (aid aid) view	one bady after a	legin.	\		22c. DATE SIGNED	
PITAL OR ATTEND moy 5st retainsd RAL DIRECTOR: A r, page 3 should l be filed with the 5		Asei D	Jeon 22 K	1 222 BIGR	ATTENDING PHYS.	MED. DIRECTOR	STAFF DE PHYS.	2/7/69	
oy E		22d, PHYSICIAN'S	17 D	11 T	22e. ADDRESS	Sp	ringfield S	tate Hospi	ital
SPIT IN THE PROPERTY OF THE PR			N. Buyukunsal,			Sy	kesville, M	aryland	
TO HOSPITAL OR ATTENDED FOR THE PAGE IN MANAGED IN PRECTOR: director, page 3 should be filed with the	230.	BURIAL, (REMATION, 23b. C REMOVA (Specify)		OF CEMETERY OR	,	23d .	LOCATION (City or Town)	(County)	(Stote)
F F (3)		TUNERAL DIRECTOR		RESS	7	REC'D BY REGIS	STRAR 25b REGISTR	AR'S SIGNATURE	
VR A15 (4) 43 30M REV 1/68	C	W. Bumi	,	" the transfer	DAT	CCD 1	3 1969 40	limites you	2



MARYLAND STATE DEPARTMENT OF HEALTH 02235 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2n DATE OF DEATH 2b. HOUR (Type or print) Month Year William Thomas Brown 1969 4 RACE 3. SEX S DATE OF BIRTH F JNDER YEAR 6. AGE (In years last birthdoy) HOURS **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physicion and completely tilled in by me director, page 3 should be detached for use as the burial-transit permit. Then please termove carban popers. Pages should be filed with the State Dept of Health prior to burial, cremation, or removal, and indenty event, within 72 hours at 8-08-89 Male White 79 24 hours 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED 🗍 NEVER MARRIED 🦳 country) DIVORCED [7] WIDOWED TO Marvland USA Carroll 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OF requires that the death certificate be executed within give street oddress)
Springfield State Hosp. during most of working life, even if retired)
Laborer/retired INDUSTRY Rural Continental 13a USUAL RES DENCE (Where deceased Lived, if institution, Residence before, 113c, City OR TOWN 13d UNSIDE CITY EUR TS? 13e STREET AND MIMBER 186 COUNTY Raltimore 5016 Edg ar First Middle Last IS MOTHER'S MAIDEN NAME First Lost Unknown Unknown 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Md. [If yes give war or dates of service] Yes, no, or unknown) 215-01-6523 Springfield State Hosp, records Svkesville 1B. CAUSE OF DEATH (Enter any one cause per life for (a), (b), and (c) PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o Conditions, if any, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUÊNCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the hospital or attending 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NOT! 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT NOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State While Mot while at work saw the deceased alive an 2-23-1969, and that in (my) (aur) apinion death accurred on the date and hour ond from the couses stated above, (1) (we) (did) (did not) view the bady after death. 22a. I certify that (I) (this haspital) attended the deceased from..... 22b. SIGNATURE 22c DATE SIGNED STAFF ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Springfield State Hospital 23b. DATE NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 250 REC'D BY REG STRAR
DATE FEB 2 5 ADDRESS

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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	02230 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02236
HEALTH DEPT.	1. PLACE OF DEATH 2. COUNTY CA RRO // MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland Carroll
the funeral 5 may Department	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) write RURAL and give nearest town)
s necesses the fune of the fun	Union Mills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
to to tage age the D	R # 2 Westminster. Md. Route # 2
delay is not a formal	3. NAME OF DECEASED First Middle 2 Last 4. DATE Month Oay Year OF Lot 19
any delay is 2, and 3 to the PM3. Page in the State D in 72 hours af	(Type or print) CASS (SUNCY) DEATH 7-01, 1967
	/ MARKIED / Mever Markied / Months Days Hours Min.
e e e e e e e e e e e e e e e e e e e	Male White WIDOWEO OIVORCED Jan. 18.1898 71 yrs. 10a. USUAL OCCUPATION (Give kind of work done of the light of working life, even if retired) INDUSTRY 11. BIRTHPLACE (State or foreign country) COUNTRY?
土 5 6 5	Carpenter Construction Tennessee U.S.A.
ours after 18. Ge along pages 1 in any	
24 hour literal Office and File p	Charlie Bunch 15. WAS DECEASED EVER IN U.S. ARMED FORCES7 16. SOCIAL SECURITY NO. 17. INFORMANT Address
within 2 pencil in miner's 0 permit. 1 removal,	(Yes, no, or unknown) (If yes give war or dates of service) No V.14-16-3311 Howard Bunch, Westminster, Maryland 21157
d with the period of the perio	18. CAUSE OF CEATH [Enter only one cause per line for (a), (b), and (c).] PART I. CEATH WAS CAUSED BY:
Jid be executed I "pending" in If Medical Examila Burlal-transit cremation, or i	IMMEDIATE CAUSE (a) CARCAGO ON THE CAUSE (A)
e exe endin dica fal-tr natio	conditions, if any, which) (b) Within I cluring to vision of your
if Me	gave rise to immediate cause (a), stating the OUE TO
shor Word Chie as as	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I.a) 19. WAS AUTOPSY PERFORMED? PERFORMED?
ficate should the word to the Chief used as a let to burial, c	AES NO E
R: This certificate stould be executed within 24 hours alrate, writing the word "pending" in pencil in Item 18. forwarded to the Chief Medical Examiner's Office alon 3 should be used as a burlat-transit permit. File pages agent, prior to burial, cremation, or removal, and in an	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE CONDITION GIVEN IN PART I (a) PERFORMED? YES NO PRIMARY OF CONTRIBUTING CAUSE WAS CAUSE WAS CAUSE OF DEATH. 20a. EXTERNAL CAUSE WAS CAUSE WAS CAUSE OF DEATH.
This wr ward shoul	
EXAMINER: This certificate, wr nould be forward les. R. Page 3 should R. Page 3 should R. Page 4 agent,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED thou a.m. While at work at w
AMIII certiid uid b s. s. mate	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and In my opinio
AL EXAMINE the certification is should be refles. CTOR: Page designated	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner
	ACTUAL SIGNATURE C. TOUTHER M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
F to Person	EXAMINER'S M.C. PORTERFIELD Haddes Street, City, Lown, or county Med 2-19-69
O DEPUT please e director. retained O FUNER of Healtl	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
5-0-5	Burial 2/23/69 Indy Collins Cemetery Sneedville, Tennessee 24. FUNERAL DIRECTOR ADDRESS ADDRESS FEB 2 1 1969 FUNERAL DIRECTOR ADDRESS ADDRESS FEB 2 1 1969
VR A15ME 3500 4-64	C.O. Fus & Son Taneytown, Maryland OATE B 2 1 1969 yellowles Junes



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02241 02237 CERTIFICATE OF DEATH Last 2b. HOUR 1. DECEASED-NAME First Middle 2a. DATE OF DEATH physician and camplefely filled in by the funeral sen please remave carban papers. Pages 1 and 2 aval, and in any event, within 72-haurs after death. executed within 24 haurs after death (Type or print) **EMMA** В. COHEN 4 RACE S DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 3. SEX 6. AGE (In years NOURS last birthday) WHITE FEMALE AUGUST 5. 1910 58 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED X NEVER MARRIED CARROLL DIVORCED [WIDOWED [TIMORE, MD. IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.)

HOUSEWIFE INDUSTRY WESTMINISTER CARROLL AT HOME 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY L MHTS? 136. COUNTY CARROL 33 WASHINGTON ROAD 15. MOTHER S MAIDEN NAME First 14. FATHER S NAME Middle law requires that the death certificate be KANINSKY BIORSKI FANNIE JOSEPH 16a. WAS DECEASED EVER IN JS ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 133 WASHINGTON ROAD Yes, no, ar unknown) (If yes give war or dates of service) WESTMINISTER, MD. 21157 MR. LOUIS COHEN. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) signed by the burial-transit p Canditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been as the 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO F 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) į OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT NOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED County State 21e. PLACE OF INJURY City or Town While Mat while at wark saw the deceased alive an Feli 21 causes stated above, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED DIRECTOR PHYS TO HOSPITAL 22e. ADDRESS 22d. PHYSICAN'S NAME (Type) 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) BEMOVAL (Specify) FINKSBURG. MARYLAND BETH JACOB 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S BROS., 6010 REISTERSTOWN ROAD



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02242 CERTIFICATE OF DEATH 1. DECEASED-NAME Lost Eirst Middle 20. DATE OF DEATH 2b HOUR (Type or print) Month 3:15 hin 72 haurs after 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS requi≡s that the death certificate be executed within 24 hau≡ after lost birthday) DAYS HOURS tampletely filled in by ave tarban papers. Pr 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) DIVORCED [WIDOWED ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of 12b KIND OF BUSINESS OR give street oddress) during most of work ng life, even if retired.) INDUSTRY OWN 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY UMITS? 13b COUNTY YES X NO [YONE signed by the attending physician and burial-transit permit. Then please rect burial, cremation, ar remaval, and in any 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Middle pung / Last MYERS GEIMAN 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) nse to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital or attending physician. stoting the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been be detached for use as the State Dept. of Health prior ta CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 📄 NO 🗍 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 216. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Yeor (If either, notify medical examiner) P.M AT HOME, FARM, STREET, FACTORY. 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town County While Not while of work director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did not) view the body after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS TO HOSPITAL Page 4 may b 22d. PHYSICIAN 22e ADDRESS NAME (Mype 23b. DATE LOCATION (City or Town) BURIAL, CREMATION (County) (Stote) INIONTOWN ADDRESS 24. FUNERAL DIRECTOR 30M REV.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02243 CERTIFICATE OF DEATH 2a DATE OF DEATH 2b HOUR DECEASED-NAME First Middle Manth Fet Day 20 (Type ar print) OMA 5 physicion and compretely filled in by the fur-en please remove carban popers. Pages I aval, and in any event, within 72 hours after 4 RACE S. DATE OF BIRTH F JINOFR 1 YEAR SE LINDER 24 MRS. 6. AGE (In years requires that the death certificate be executed within 24 hours after last birthday) MONTHS OAYS HOURS white Female 2-6-188 CO YRS 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED USA carroll DIVORCED WIDOWED . rehater comed 12a USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR IG. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital give street address) during mast of working life, even if retired) INDUSTRY 13g, USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, City OR TOWN 13d. INSIDE CITY LIM TS? 13e STREET AND NUMBER admissran) STATE 13b. COUNTY NO 🖂 IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Will 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address SON Yes, na, ar unknawn) [(If yes give war or dates of service) or remayal, APPROXIMATE INTERVAL attending p 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) crematian, lentie C.V. Diserse Cand'tians, if any, which gave) burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [NO FF far use TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) detached (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D No. State 21d. INTURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark at wark (this hospital) attended the deceased from 196 and that in (my) (our) opinion death accurred on the date and hour and from the sow the deceased alive on should couses stoted obove, (1) (we) (tid) (did not) view the body ofter deoth. director, page 3 sho should be filed with 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR TO HOSPITAL 22e. ADDRESS Page 4 may 22d. PHYSICIAN'S MPSTEA NAME (Type) (Stote) CEMETERY OR CREMATORY BURIAL CREMATION, 23b. DATE EMOVAL (Specify)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1969

CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR Year (Type or print) Estella K 4 4 RACE IF LINDER I FEAR IF UNDER 24 HRS 3 SEX S. DATE OF BIRTH 6. AGE (In years (ast birthday) 10ct_22-188K 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED (ountry) Carriel & WIDOWED DIVORCED USA IN CITY OR TOWN OF DEATH, 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) menchester, med. onavers nursing Home 13a. USJAL RES DENCE (Where deceased lived, if Institution Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13a. INSIDE CITY LUMITS? admission) STATE 13b. COUNTY 21979 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First First Last en 166 SOCIAL SECURITY NO 17. INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, or unknown) (If yes give war or dates of service) 220-01-18444 APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

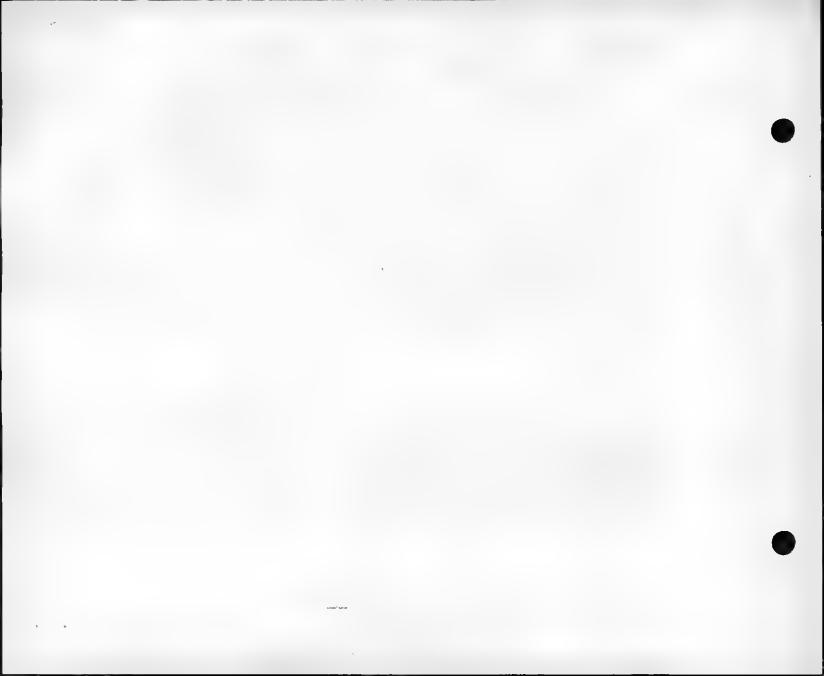
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Lend Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗀 NO [21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216. TIME OF INJURY TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work saw the deceased alive an 2/26, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22a. I certify that (1) (this haspital) attended the deceased from 11.2 22b. SIGNATURE 22c DATE SJGNED ATTENDING PHYS DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY CR (County) (State) BUYLLS Deedy) Winfield, Carroll, Md. Ebenezer 24. FUNERAL DIRECTOR 25a, REC D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

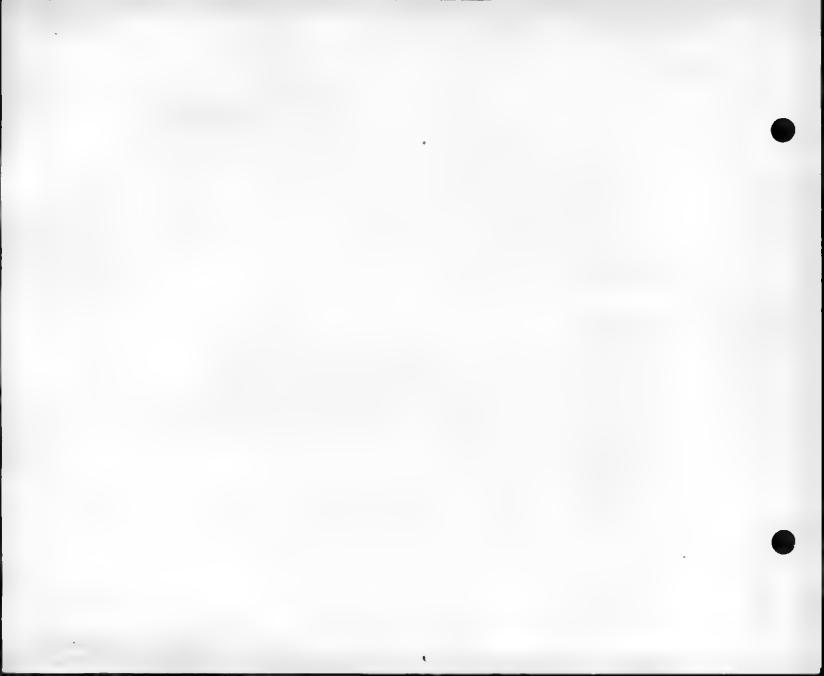
Waltz, Box 241, Sykesville, Md.

the attending physician and campletery fitted in by the sit permit. Then please remove corban papers. Pages please remove corban popers. Pages I, and in any event, within 72 hours aft or remayol, and in any burial-transit signed by TO HOSPITAL OR ATTENDING PHYSICIAN: THE TOW THE Page 4 may be retained by the hospital or otherding TO FUNERAL DIRECTOR: After this certificate has been use os the ē should director, page 3 should be filed

requires that the death certificate be executed



41		MARYLAND STATE DEPARTMENT OF HEALTH	
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7	It	12245 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 em6 FilmG409 2/13/69 kk CERTIFICATE OF DEATH	0004
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4 in by Personal in by 772 hoof	7a 1	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH OTRY) N. Y. B. WIDOWED DIVORCED 9 COUNTY OF DEATH	Mo
executed within 24 hours after death a completely filled in by the funeral amove carbon papers pages 1 and 2 any event, within 72 hoors after death	10 (STREET STREET OF TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (4 not in hospital STREET OF HOSPITAL OR INSTITUTION (4 not in hospital Give street address) STREET OF HOSPITAL OR INSTITUTION (4 not in hospital during most of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
omplete	13a adm	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UNINTS? 13e STREET AND NUMBER / ISSION) STATE HAR YLAND 13b COUNTY () YES NO 2927 Hogs of C.	od Rd.
/ 50 - 4	14.		en son
requires that the death certificate be g physician. I signed by the offending physician of buriol-fronsit permit. Then please burial, cremation, or removal, and in	lóa.	(was deceased ever in U.S. armed forces? 166 SOCIAL SECURITY NO 17 INFORMANT Hospital Records	
ng p		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).)	APPROXIMATE INTERVAL -BETWEEN ONSET AND DEATH
ne deoth ce offending p permit. The		PART I. DEATH WAS CAUSED BY: SMMEDIATE CAUSE (0) Browning relimination	days.
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quires that the physicion. Signed by the buriol-tronsit burial, crema		stating the underlying couse (c) (c)	
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The low r r ottending e has been use os the other prior to	CERTIFICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
YSICIAN: aspital or certificate hed for u	MEDICAL CES	216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, It HOUR A.M. Month Doy Year 19	em 18.)
DING PHYSICI by the hospit After this certif be detoched Stote Dept. of	ME	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town OFFICE BUILDING, ETC	County State
		22a I certify that (1) (this haspital) attended the deceased from 10-50-, 1900, ta -, 19 saw the deceased alive an 1900, and that in (my) (aur) apinian death accurred an the dat causes stated above, (1) (we) (did) (did not) view the bady after death.	D / , that (y (we) las e and hour and fram the
OR ATTEN be retained DIRECTOR: /		22b. SIGNATURE 22c D	ATE SIGNED
		22d. PHYSICIAN'S NAME (Type) SUHA OZCUN 22e. ADDRESS Sungfield Stock Hay:	al Sykewille
TO HOSPITAL Poge 4 moy TO FUNERAL is director, pog should be fill	230.	BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (C ty or Town) BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY BUR AL, CREMATION, 23d .OCATION (C ty or Town) Sleepy Hollow Tarrytown New York	(County) (Stote)
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRESS 250 RECURRAN 25h RECURRAN S	IGNATURG
30M REV 1/68		Leonard J Ruck Inc Baltimore, Maryland DARFEB 7 1969	10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02246 02242 CERTIFICATE OF DEATH 1. DECEASED NAME Middle First 2a DATE OF DEATH 26. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years. IF UNDER 24 HRS MALE last birthday) 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED Z DIVORCED 16 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of warking life, even if retired) INDUSTRY corbon deceased Ned, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY DIMITS? 13e STREET AND NUMBER STONE RD inony 14. FATHER'S NAME 15. MOTHER S MAIDEN NAME First Middle Last Middle GREENS ANNALOWE pleose 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, og upiknawn) or removol. NONE signed by the attending phy APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per time for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions of any, which gove a use to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) os the prior to ! has been CERTIFICATION prior t 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? for use Health YES 🗔 this certificate 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. detached Stote Dept. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work OFFICE BUILDING, ETC of work 22a 1 certify that (i) (this haspital) attended the deceased from 1907, and that in (my) (aur) apinian death accurred an the date and hour and from the TO FUNERAL DIRECTOR: After pe plnous be reformed causes stated abave (1) (we) (did) (gig not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYS PHYS 22d PHYSICIAN S M.C.Porterfield/M.D. 22e. ADDRESS Hampstead, Md. NAME (Type) 230 BURIAL CREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) GAMBER REGISTRARS SIGNATURE FUNERAL DIRECTOR VR A15



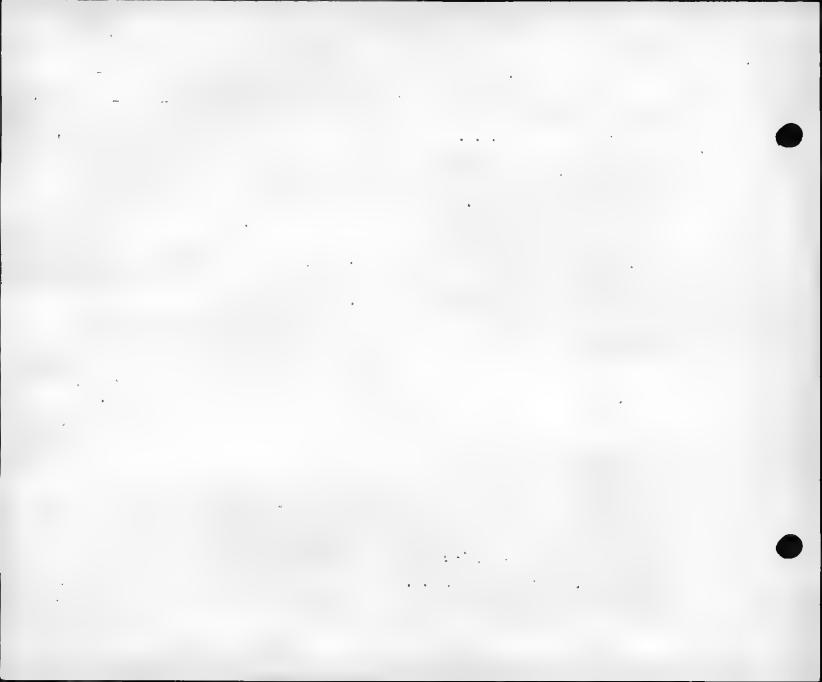
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02243 CERTIFICATE OF DEATH Lost 1. DECEASED NAME 2o. DATE OF DEATH First Middle 2b. HOUR (Type or print) 2-11-1969 STANLEY AMBROSE HAHN 3. SEX 4. RACE S. DATE OF BURTH IF JNDER I YEAR 6. AGE (In years Male White 11-22-1894 ely filled in by 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Maryland USA DIVORCED | WIDOWED X Carroll. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Sykesville | give street oddress|
Springfield State Hosp.

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN during most of working life, even if refired.)
Electrician INDUSTRY carbon 13e, STREET AND NUMBER executed signed by the attending physician and camplef burial-transit permit. Then please remove car burial, crematian, ar removal, and in any event, admission) STATE JAB. COUNTY YES NO TO Route 2 Washington Smithburg 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First requires that the death certificate be William Hahn Hattie Wetzel 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) Records, Springfield State Hospital 217-10-9527 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS ACCOMSEQUENCE OF detecos-lectio Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couses PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ed far use as the l . af Health priar ta b Arteurelleni O FUNERAL DIRECTOR: After this certificate has been CERTIFICATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a, AUTOPSY? CAUSES OF DEATH? YES 🗔 NO TO 21o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING (CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Day Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceosed from 6-21-55, 19, ta 2-11, 1959, that (I) (we) last saw the deceased alive an 2-1-59, ond that in (my) (500) copinion death occurred on the date and hour and from the Page 4 may be retained directar, page 3 shauld shauld be filed with the causes stated obove, (I) (vve) (did) (with rest) view the body after deoth. 22b. SIGNATURE 22c DATE SIGNED 2-11-69 DEGREE DIRECTOR 22e ADDRESS MAME(TypeGlocrite G. Sagisi, M.D. Springfield St. Hosp., Sykesyille, Md. 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23b DATE 23o BURIAL CREMATION Lantz #1, Frederick Co., Md. Bathel Cemetery 2/13/1969 250. REC'D BY REG.STRAR 24. FUNERAL DIR **ADDRESS** 30M REV. Waynesboro, Penna.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02248 CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE OF DEATH 25 HOUR (Type or print) Feh RRYMAN NOREY 5. DATE OF BIRTH LE UNDER 1 YEAR IF UNCER 24 HRS 4. RACE 6. AGE (In years 3. SEX law requires that the death certificate be executed within 24 haurs after last birthday) MONTHS contranpletely filled in by the February 9, 1913 + 5MALE 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [7] NEVER MARRIED [X] country) remave carban papers n any event, within 72 h Maryland U. S. A. Carroll County WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired) give street oddress) Carroll Co. Hosp. Westmisster 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY JM TS? 13e STREET AND NUMBER Westmirster odmission) STATE Maryland 13b COUNTY Carroll YES [NO 3 Box 354 Westminster any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost First Feig and in Jo shua Harryman Mary please signed by the attending physicidn burial-transit permit. Then please 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S ARMED FORCES? Yes, no, or unknown) I (If was neve war or dates of service) Mr. Clifton W. Harryman 4219 "ilford Mill Rd. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any/which gave A5C rise to 'mmediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES (E) use 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) ā OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, notify medical exominer) detached 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. Caunty State 21d INJURY OCCURRED City or Town While Not while of work ATTENDING 22a 1 certify that (I) (this haspitol) attended the deceased from July 1969, to Field 1969, that (I) (we) last saw the deceased alive an 1969, and that in (my) (our) apinion death accurred on the date and hour and from the director, page 3 should should be filed with the couses stated above (11) (we) (did) (did nat) view the bady ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR TO HOSPITAL OR Page 4 may be r 22e ADDRESS 22d. PHYSICIAN S NAME (Type) 23d. LOCATION (City or Town)
Pikesville, 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b. DATE (County) (Stote) Druid Fidge Cemetery REMOVAL (Specify)
Buriel 2/18/69 Balto Co. 24. FUNERAL DIRECTOR Patapsco Ave. 21.225



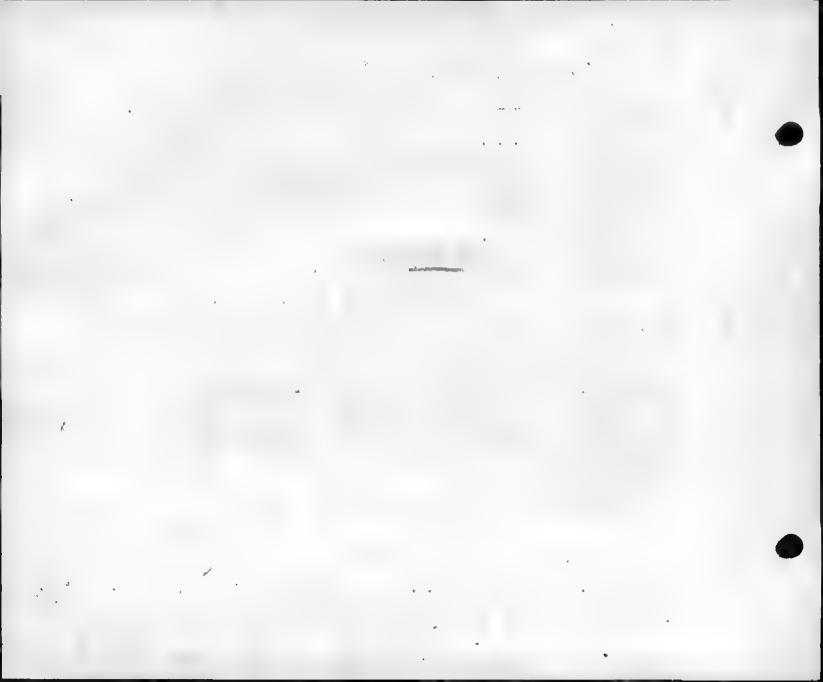
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02245 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME LTH DEPT. 2a DATE KNOWN Manth Day (Type or Print) ESTI-Lilly (NMN) Hicks 2-26-69 19 of DEATH MATED with the State Department 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years IF JADER 24 MRS 2c DATE PRONOUNCED DEAD 2d HOUR 747 VRS Day 26-2:10P 1895? Negro Female 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH along with form-Carroll County. Georgia U.S.A. WIDOWED DE 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Springfield State Hospital during most of working life, even if retired) Sykesyille death 13d INSIDE CITY UMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. City OR TOWN 13e STREET AND NUMBER Balto. City 1703 McCulloh Street YES 🔀 NO 🗌 Baltimore Office . 24 hours poges Land 2 Hem after 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle William Williams Elizabeth hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS be executed within Records, Springfield State Hospital (Yes, no, or unknown) H APPROX MATE INTERVA. within CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. BETWEEN ONSET AND GEATH should be forworded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Bronchopneumonia, bilateral Davs DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gave ase to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) Fracture, right CBS, with cerebral arteriosclerosis with behavioral reaction femur 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERAT ON 20 AUTOPSY? WAS PERFORMED? YES ST NO | execute the certificate. 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains pescribed above, held an Autopsy X. and in my opinion Inspection [1] Inquiry Suicide . death resulted fram: Material causes X Accident Homicide Undetermined manner ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY **EXAMINER'S** 5 moy ro FunE Health Glenn Speicher, M.D. NAME (Type 23a TBURIAL FREMATION, FREMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) Calvary Cemet 24. FUNERAL DIRECTOR ADDRESS 25b ASOLFRAR'S SIGNATIVE Adolphus Halstoad 1206 T



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82250 02246 CERTIFICATE OF DEATH 1. DECEASED NAME Lost 2o. DATE OF DEATH 2b. HOUR sician and campletely filled in by the funeral please remave carbon papers. Pages 1 and 2 in and 10 executed within 24 haws after death (Type or print) 21.0aM NEW Jones Frederick IF UNDER 1 YEAR IF JMDER 24 HRS. S. DATE OF BIRTH 6. AGE (In years 4 RACE 3 SEX last burthday) 2-7-12 Negro Male 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8 MARRIED NEVER MARRIED (Ourtry)Pennsylvania USA Carroll County WIDOWED | DIVORCED [7] 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY St. Hosp. unk. Sykesville, Md. 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE 13P COUNTA YES 😓 NO 7010 Thor Lane Bethesda Contromery signed by the attending physician and co burial-transit permit. Then please rema burial, crematian, ar remaval, and in any Middle 1S. MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME Hughes Villiam unk. Evans 166. SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) (15 yes give war at dates of service) Address 212-14-5827 Records. Jprinsfield J.H., Lykesville, id. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Acute congestive heart failure few min. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Hypertensive cardiovascular disease rise to immediate couse (o), DUE TO, OR AS A CONSEQUÊNCE OF stoting the underlying couse Page 4 may be retained by the haspital or attending physician PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Chronic brain cyndrome associated with central nervous syster syphilis, muringoencum 1as the l has been +196-CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION use as **CAUSES OF DEATH?** NO 😾 YES 🔲 TO FUNERAL DIRECTOR: After this certificate had director, page 3 should be detached for use should be filed with the State Dept of Health none 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. Stote City or Town County 21d INJURY OCCURRED While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Fig. 19.5, to February 1/19.5, that (I) (we) lost saw the deceased glive on Feb. 17. 19.5, and that in (my) (aur) apinian death occurred on the date and haur and from the couses stated abave, (I) (we) (did) (did nat) view the bady after death 22c. DATE SIGNED 22b. SIGNATURE_ MED.
DIRECTOR STAFF PHYS ATTENDING DEGREE 2-17-63 PHYS 22e ADDRESS 22d PHYSICIAN'S rin, field State Jospital. Irfan Esendal, I.J. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR, AL, CREMATION, (County) (Stote) 23b DATE REMORAL (Spelify) C Lincoln Park., Rockville. Ma. 2-23-69 250. REC'D BY REGISTRAR DATEFEB 2 6 1 25b. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR JOM REV DATEFEB

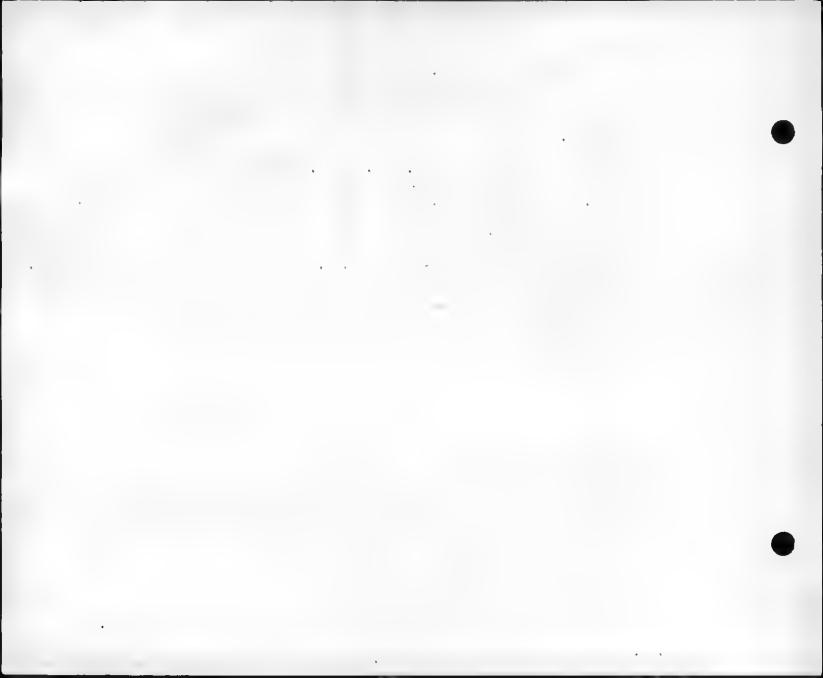


1 1		MARYLAND STATE DEPARTMENT OF HEALTH I tem 2a Film Gilo 3, Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	/10/69 kk
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02247
HEALTH DEPT.		DECEASED-NAME First Middle Last 20 DATE KNOWNED Manth	Day Year 2b HOUR
⊼ 5 8 (4)		(Type or Print) JCHN MICHAEL KEMP DEATH MATED 2	25 169 1
deloy	3 S	lost birthday) MONTHS OAYS HOURS MIN. Manth Day.	Year 2d HOUR
		Male White 6-3-19 19 YRS February 25. BIRTHPIACE (Stote or foreign 7/25 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1969 8:50
orm PA		Ohio U.S.A. W DOWED DIVORCED Carroll	W
deoth deoth with for he State	10. (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
the the		Sykesville Springfield State Hospital during most of working ife, even if ret red) Student	INDUSTRY
s after de 18. Give B along w along w 2 with the death.		1. USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY JM, ISS? 13e. STREET AND NUMBER admission) STATE 13c. COUNTY 13d. INSIDE CITY JM, ISS? 13e. STREET AND NUMBER 13d. INSIDE CITY JM, ISS? 13d. INSIDE CITY	- D-1
hours Item 1 Office I and 2		Mary Land Washington Hagerstown YES NO 2330 Appletre	lost
24 ho in the rs off		John H. Kemp Dorothy	Swancott
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN L. S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, na, ar unknown) {If you give war or dates of senace}	UNBITCO OO_
with per xon X		no Records, Springfield State Hospit	APPROXIMATE INTERVAL
ecuted in Indiana in Electrical Exermit. Flowithin		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART . DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
d be executed d'pending in Chief Medical Firmsit-permit. It y event within		PART . DEATH WAS CAUSED BY . IMMEDIATE CAUSE (a) Confluent bronchopneumonia, left lung and DUE TO, OR AS A CONSEQUENCE OF POSTERIOR PART OF right lung	Days
be exemple which we high we high we high we have not be a second to be a second t		Conditions, if any, which gave	
should be executed to word pending to the Chief Medical buriol-transit permit.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
he who he to the purity purity do in		last (c)	
of g b		PART 2. OTHER SIGNIF-CANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CBS assoc. with convalsive disorder, with behavioral reaction	
te, writin forwards forwards e used as	CERT, FICATION	19d. DATE OF OPERATION 19b (ONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ate be	BRT.FI	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2. Its	YES NO
#= 등 을 입		PRIMARY OR CONTRIBUTING HOUR A.M	#m (8)
(AMINER: te the certi ge 4 should your files. age 3 shou cremotion,	MEDICAL	21d MURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Yown	Caunty State
EXAM ute th nge 4 your Poge		WHILE AT WORK AT WORK foctory, office building, etc.)	
		22a. I certify that I taak charge of the remains described above, held on Autopsy 📈 Inspection 🔲, Inquiry 🗌	, and in my apınıar
DICAL Ellesse exect director. Po director. Po DIRECTOR: or to buriol, or to buriol,		death resulted fram: Natural causes 🔼, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	
		ACTUAL SIGNATURE SIGNATURE AD ASSISTANT MED CA. EXAMINER 226 DATE	SIGNED
cessory, per function with prior pri		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	2-25-69
necessory, the funerol 5 may be ro FuneRAL Health price		NAME (Type) W. Glenn Spercher, M.D. ADES TO SERVE AND STREET	the Carroll
01 22 € 20 E E	230	a BURIAL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County)
	24	PANEMA DIRECTOR ADDRESS ADDR	SIGNATURE
VR A15ME (5)	1)	15. T. Marment BTH5 Hay DATE MAR 1 1969 Icha	
DA	-	# MAR 4 1968	

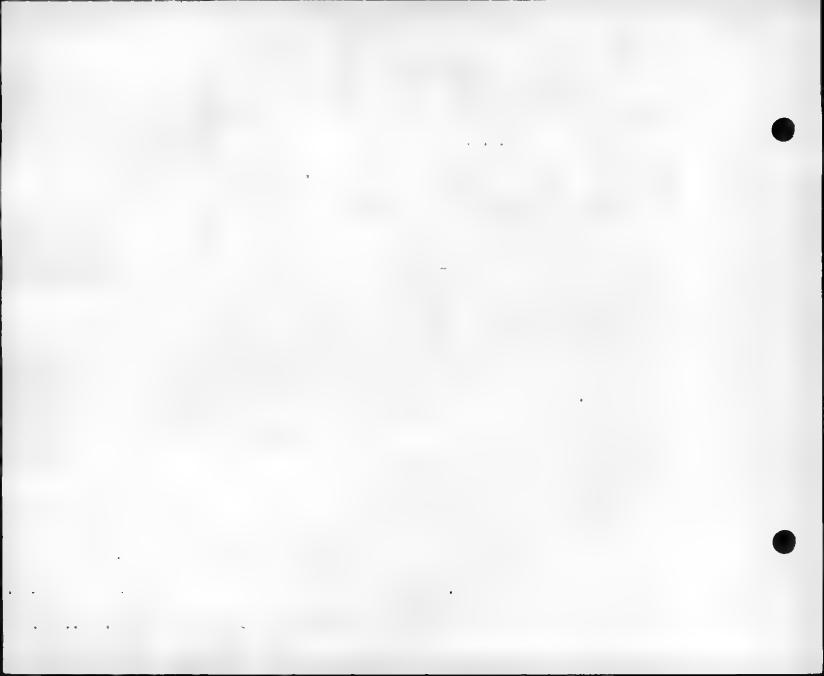




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02249 02253 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR be executed within 24 haurs after death (Type or print) Maurice Ŋ. Larkins Month and campletely filled in by the funel remave carban papers. Pages 1 dh in ally event, within 72 hours after de 3. SEX S DATE OF BIRTH 4. RACE 6 AGE (In years IF UNDER 1 YEAR White Male last byrthdoy) March 13. 1905 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Balto. (0. arroll WIDOWED [DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Westminster Hospt. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? STREET AND NUMBER JJ3b. COUNTY Owings Mil Park Heights Ave. and in any Middle Lost IS. MOTHER'S MAIDEN NAME First Lost harles arkins Belt arrie physician a 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yas, no, or unknown) William Larkins Owings Mills. Md ar remaval, signed by the attending phy 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEA PART 1. DEATH WAS CAUSED BY: 1MMEDIATE CAUSE (c) PHYSICIAN: The law requires that the death, I WEEK crematian, Canditians, if any, which gave) EROSCLEROTIC rise to immediate cause (a), stating the undertying cause YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CERTIFICAT CAUSES OF DEATH? YES 🗔 use ed for use of Health p 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov If e ther, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY AT HOME FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work ot work 22a. I certify that (1) (this hospital) attended the deceased from 2/7, 1969, ta 2/16, 1969, that (1) (we) last saw the deceased alive on 2/15, 1969, and that in (my) (our) opinion death occurred on the date and hour and from the 3 shauld I with the S causes stated above, (1) (we) (did) (did not) view the bady after death. 22b_SIGNATURE 22c. DATE-SIGNED be filed DIRECTOR PHYSIC AN S 22e ADDRESS NAME (Type) directar, shauld 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Pikesville, Feb. 18.69 Druid Ridge 25b, REGISTRAR S, SIGNATURE FUNERAL DIRECTOR 250 RECD BY REGISTRAR line & Sons Reisterstown, Morning George



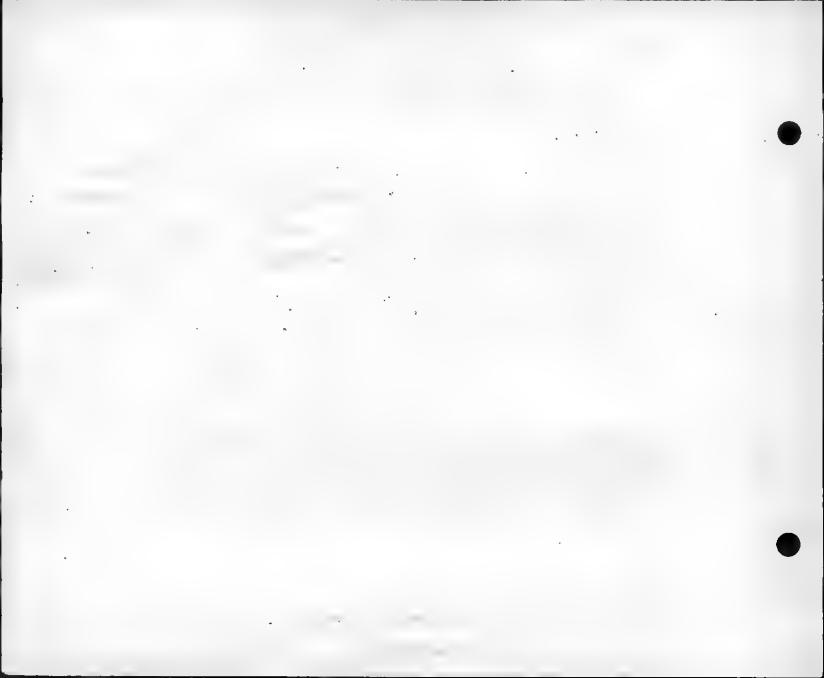
30M REV



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH signed by the attending physician and chaptetely filled in by the funeral burial-transit permit. Then please remave carbon pages. Pages 1 and 2 burial, cremation, ar removal, and in any event, within 72 hours after death. executed within 24 haurs after death. (Type or print) AGE (In years last birthday) 3. SEX S. DATE OF BIRTH IF JNOER I YEAR 7-2679 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED Maryland USA Carroll WIDOWED DE DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Springfield State Hospital housewife Rural--Sykesville LIBEARWING. & Oakland Mikl 13a. USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13c, CITY OR TOWN 3d. INSIDE CITY LIMITS? admission) STATE 13b COUNTY Carroll YES SC Md. Sykesville Middle 14 FATHER'S NAME Last IS, MOTHER'S MAIDEN NAME First First Buchheit Elizabeth ? Adam PHYSICIAN: The law requires that the death certificate be ப்பும் அந்ந Luers - 3 Cedar Abids Road 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b SOCIAL SECURITY NO. Yes po, ar unknawn) (If yes give wor or dates of service) 218-52-0588 Springfield Hospital records, Sykesville, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND CEATH Bronchopneumonia Day IMMEDIATE CAUSE (a) Conditions, if any, which gave DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Years rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Chronic brain PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the l syndrome associated with senile brain disease without qualifying phrase. Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a AUTOPSY? CAUSES OF DEATH? ed far use of Health p YES [X NO [T] 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year detached 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F D No director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City of Tawn County State While Nat while at wark 22a. I certify that P\$ (this hospital) attended the deceosed from 9/29/, 1965, to 2/5/, 1969, that P\$ (we) last saw the deceased alive an 2/5/1969, and that in (1899) (aur) apinian death accurred on the date and hour and from the causes stoted obove, (P\$ (we) (did) (did 3 shauld be 22c, DATE SIGNED 22b SIGNATURE ATTENDING PHYS MED DIRECTOR STAFF x 2/5/69 22e. ADDRESS Springfield State Hospital 22d PHYSICIAN'S Francisco J. Ceballos, M. D. Sykesville, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) 23b. DATE BRENDYAL (Specify) 2-8-69 Holy Family Cemetery Randallstown, Marvland 24. FUNERAL DIRECTOR Marion Armacost-4600 Liberty Hghts. Ave



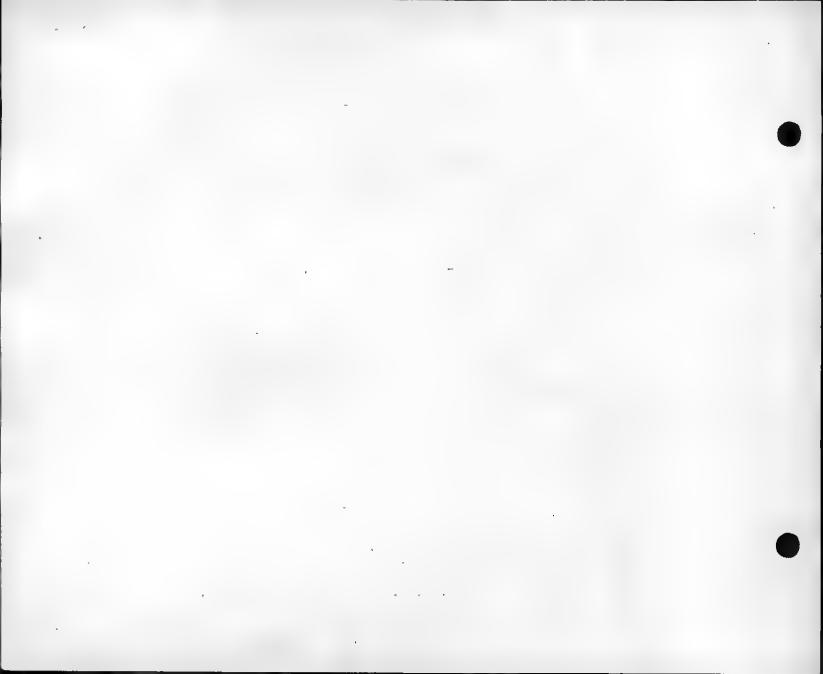
1: 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02252
FOR STATE		02256 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. 1	DECEASED NAME (Type or Print) 20 DATE KNOWN Month OF ESTI-	Day Year 2b HOJR
- PRATE	<u> </u>	DEATH MATED 2	18 19693P-M
delay	3 5	lost burthdoy I MONINS DAYS MOLRS MIN Named Day	X Year / 2d HOUR
7, ar Portr	<u>_</u>	0024 26,1900 68 YRS.	0 19 69 4.7 M
TIE A		BIRTHPLACE (State or foreign 75 C.T ZEN OF WHAT COUNTRY? B. MARRIED MEYER MARRIED 9 COUNTY OF GEATH WIDOWED DIVORCED CANALY	Md
State State	10		12b. KIND OF BUSINESS OR
24 hours after death in item 18. Give Pager's Office along with sis land 2 with the Stars after death.	1	WESTMINSTER give street address) COLONIAL AUE OPERATOR (LOTH	NOUSTRY ING FACTORY
s after 18. G.v. along with 1 death.		USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c (ITY OR TOWN 13d INSIDE CITY JAMES? 13e. STREET AND NUMBER	7
rs af 18. 18. 18. 12 wi dea			ONIAL AUE
hours item 11 Office land2	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Cost
24 in Fi r's (JAMES EDWARD DAVIS MARY ELIZABETH	SHUEY
INER: This certificate should be executed within 24 hours after death exertificate, writing the word "pending" in pencil in item 18. Give Pagishould be forwarded to the Chief Medical Examiner's Office along with files. 3 should be used as a burial-transit permit. File pages land 2 with the Stanion, or removal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (4 yas give was or dates of service) 213-05-2767 THORNTON A. DAVIS SEAST	CHURCHST
wit n pel Exan File	-	NO - 2/3 US-S/A III VIII III FREETE	APPROVINCIAL PLEKVALA
ecuted in ing in including in including in including inc		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY.	BETWEEN ONSE AND DEATH
xecuted nding" ir Medical permit.		IMMEDIATE CAUSE (o) WWY WY	Sh (57 VNX)
be exe "pendi hief Me ansit pe		Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	(0000
d b d bin Chie		rise to immediate cause (a), (b)	19-0-
should be e ne word 'per to the Chief I burial-transit I in ony ever	П	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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ficote ing the ded of as o as o t, once			
certif writi brwan used c	NOIT	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his certificate ate, writing the forwarded to be used as a britination of the removal, and	CERTIFICATION	WAS PERFORMED?	YES NO
fica fica in the life of life			em 18.)
INER: 1 e certifice should k files. 3 should cotion, o	MEDICAL	CAUSE OF DEATH P.M. 19	
	M	7.4. 10.1.91	Caunty State
EXAMINER: upt the cert age 4 should r your files. Page 3 should f, cremotion,		WHILE NOT WHILE Tactory, Office building, etc.)	/
ICAL EXA e execute tor. Page ed for you CTOR: Pag buriol, cre		220 certify that I took charge of the remains described above, held an Autapsy, Inspection U, Inquiry 🕑	ond in my opinion
director. et al Director. Director. ot buril		death resulted from: Natural causes [2], Accident [3], Suicide [3], Hamicide [3], Undetermined manner	
please e I director retained L DIRECT		ACTUAL DO C Partin Page 1	
ITY. Peral be re		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER []	SIGNED
5 S S S S S S S S S S S S S S S S S S S		EXAMINER'S M.C. PORTER FIELD DEPLTY MEDICA. EXAMINER ADDRESS(Street, city, town, or county)	10.0
10 DI nece the 1 5 m of FU Heol	23	OC BUR AL JREMAT ON, 236 DATE , 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)
		BURIAL 2/21/69 MEADOW BRANCH GENETON WESTMI	VSTER MI
Do	24	FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRARY 256 REGISTRARS	- 41
VR A15ME (5) 10M REV 1/68	2	L. S. myere, o. westermater, Md. DATE FEB 2 1 1969 Felian	else Verden
(1		, , ,	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02253 CERTIFICATE OF DEATH 2g DATE OF DEATH 2b. HOUR Middle Last DECEASED-NAME First requires that the death certificate be executed, within 24 haurs after death (Type or print) S. DATE OF BIRTH IF JINDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years MONTHS last birthday) HOURS camptetely filled in by the YRS 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or fare an 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED [DIVORCED 12a USUAL OCCUPATION (Kind of work dane NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working ife, even if retired) INDUSTRY 3d INSIDE CITY JMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN rentaye Middle physician and one IS. MOTHER'S MAIDEN NAME First M ddle Last 17 INFORMANT Address 16a. WAS DECEASED EVER IN Yes, navar unknawn) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar removal, 18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)
PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires th Page 4 may be retained by the hospital ar attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a) the State Dept. af Health prior ta certificate has been CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION CAUSES OF DEATH? NO P YES 🗀 use 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ठ OR CONTRIBUTING ACAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark TO FUNERAL DIRECTOR: After this 22a. I certify that (I) (this hospital) attended the deceased from duy, 1 -1 saw the deceased alive an - 20 19 4, and that in (m 1968 to / 20; 23 _19 < 🖳 and that in (my) (our) opinion death accurred on the date and have and from the director, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. PHYS. 22e, ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d LOCATION 23b. DATE (City or Town) (County) (State) 23a. BURIAL, CREMATION,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02254 82258 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost Middle 20. DATE OF DEATH 2b. HOUR (Type or print) ANNA (NMN MORAVEC 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER YEAR 24 haurs after lost birthdoy) HOURS L-20-188L Fema le White please-fernave carban papers Pal, and in any event, within 72 haurs 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED] country) campletely filled in Czechoslovakia Alien WIDOWED X DIVORCED Carroll 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR ove street oddress) Springfield during most of working life, even if retired.) INDUSTRY Sykesville State Hospital burial, crematian, or remayal, and in any event, 130. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d INSIDE CITY JIM TS? 13e STREET AND NUMBER odmission) STATE Maryland Montgomery 2410 Hayden Drive Silver Spring 14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First guo Middle Lost Joseph Opocenskeho Unk. Anna physician requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Records, Springfield State Hosnital APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. permit. IMMEDIATE CAUSE (6) Pneumonia Days DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) (b) Arteriosclerotic cardiovascular disease Years use to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Page 4 may be retained by the haspital ar attending of FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the chauld he filed with the State Dept, af Health priar ta Pulmonary emphysema 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO TO 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of myory in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREEF FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY City or Town County Stote While Not while at work 22a. I **certify** that (I) (this haspital) attended the deceased fram 6-8-66. saw the deceased alive an 2-13-69 19, and that in (m that (I) (we) last , and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22b SIGNATUS 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE 2-13-69 PHYS PHYS 22d. PHYS CLANS Springfield State Hospital Agustin del Campo Sykesville, Maryland 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. 23b DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Du kel 250. RECD BY REGISTRAR 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - t/69



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02255 02259 CERTIFICATE OF DEATH 2b. HOUR Lost 20. DATE OF DEATH M.ddle 1. DECEASED-NAME First within 24 haurs after death Month Yeor (Type or print) A. M Catherine A. Mullen FERRDARY IF UNDER 1 YEAR IF JINDER 24 HRS. 6. AGE (In years 4 RACE S. DATE OF BIRTH 3. SEX lost birthday) FEMALE 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED signed by the attending physician and completely filled in burial-transit permit. Then please remove carban papers burial, crematian, ar remaval, and in any event, within 72 h WIDOWED X CARROL DIVORCED MARYLAND 12g. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH give street address) FOLDEN AGE CONV HOME during most of working life, even if retired.) 13d USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER exempled YORKWIT DUNDALK 15. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First GUSTUS OR ATTENDING PHYSICIAN: The law requires that the death certificate be BROWN 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (If yes give war or dates at service) . DOHN R. BROWN Yes, no, or unknown) SAME AS # 13 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) Arterio S BETWEEN ONSET AND DEATH l year Arterio sclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF ? Coronary artery disease Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the State Dept. af Health priar ta 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19o. DATE OF OPERATION CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate has YES 🗔 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED While Not while of work City or Town County Stote 220. I certify that (I) (this haspital attended the descosed from Nov. 16, 1968 19 , to Feb 10, 1969 , that (I) (we) lost sow the deceased alive on 19 and that in (my) (our) aninian death occurred on the data and have and from the couses stated above, (I) (we) (did) (did not) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 2/11/69 PHYS. director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S 1226 S. Hanover Street Harry Deibel M.D. NAME (Type) 23d. LOCATION (City or Town) 230. BJRIAL, CREMATION, REMOVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY (County) 23b DATE LOUDON PARKCEMETERY BAUTIMORE, MARYLAND 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR ADDRESS Il liverel on Versigen DUNDANK, MD. BRADLEV DATE FFR



the funeral director. Page 4 shauld be forwarded to the Chief Medical Examinal

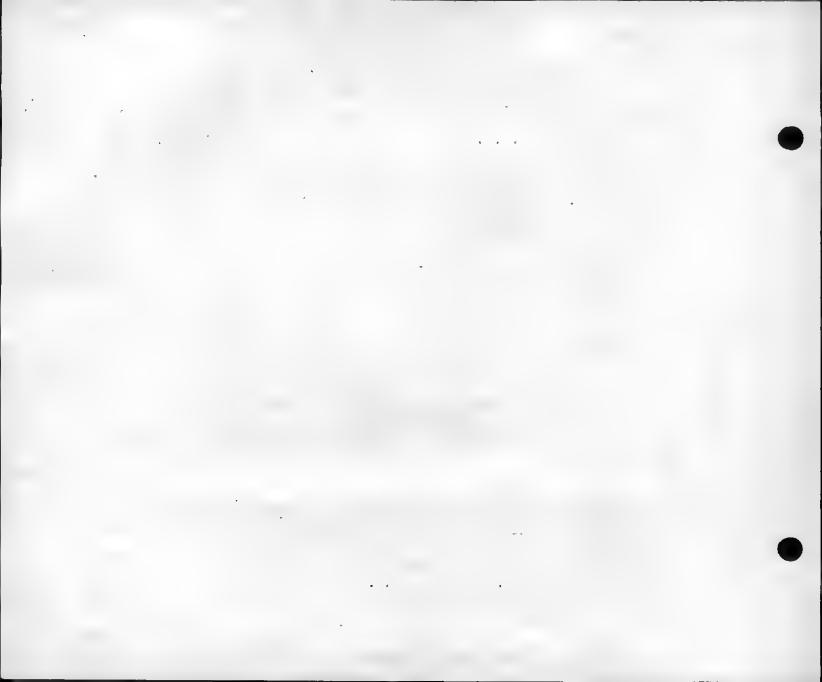
TO DEPUTY

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

02256

NI DEPI.		CEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year year or Print) THEWTE LOUIS ELDON MUNCH OF ESTI- DEATH MATER 2/19 1969	2b. HOUR
age to to	3. S	DEATH MATED 2717 100	
ith farm PM3. Pa State Department		lest bethiefer) MONTHS DAYS HOURS MMN MONTH DAY	2d Hour 20 P M
Tag.	_	Male White Aug. 20, 1914 56 yrs. February 19, 169	P.M
E 2	COUN		ш
tate	10. 0	TY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BU	SINESS OR
the the		Westminster give_struct oddress during most of working life, even if retired.) INDUSTRY Restaurant owner & operato IISUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 134 MADE CITY DRIVER 136 STREET AND NUMBER	r
6 2	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. JANDOE CITY LIMITS? 13e STREET AND NUMBER mission) STATE Md. 13b. COUNTY CARROLL Westminster VES X NO 184 William Avenue	
after of the	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Los	
n de		Edgar Eldon Munch Elizabeth Den	
Chief Medical Examiner's transit permit. File page y event within 72 haurs	160. ()	VAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yet grow wer or detes of service) 234-01-1938 Mrs. Charlotte S. Munch, Westminster	e. . Md
表 に (i		18. CAUSE OF DEATH (Enter only one couse per line for (g), (b), and (c).) APPROXIMATI STRUEEN DISC.	INTERVAL
Medical E permit. F it within		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Hypertensive and arteriosclerotic cardiovascular	
nief Me ansit pe event		ULE TO, OR AS A CONSEQUENCE OF disease	
ansians		Conditions, if any, which gave insert a immediate cause (a).	
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
<u>5</u> .5		kast. (c)	
ded to as a b I, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vard ed a ed a	NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPS	¥2
le forward be used a r remaval.	CERTIFICATION	WAS PERFORMED? YES	NO 🗆
	MEDICAL CE	210. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING Port 1 or Port 2, 1tem 18.) PRIMARY X OR CONTRIBUTING P.M. 19	
je 4 shaul /aur files. age 3 shou crematian,	MED	21d. INJURY OCCURRED 21e, PLACE DE INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town County	Stote
yaur yaur sage		WHILE NOT WHILE of foctory, office building, etc.)	
Pag ar Pag ial,			ny apintan
the funeral director. Po 5 may be retained far D FUNERAL DIRECTOR: Health priar to burial		death resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner	' '
direct taging the tagi		CHIEF MEDICAL EXAMINER	
AL AL Price		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER X 22b. DATE SIGNED	
NEK P		EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER February 20, 1	969
the fun 5 may 70 FUNE Health	00	Approximately and the second s	
± 20 ±		REMOVALIPATED 2/24/69 Lake View Mem. Park Sykesville, RD. Md	itate)
VR A15ME 15/ 10M REV. 1/68	24.	FUNERAL DIRECTOR - E. Myen f. Westminstn. M	





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02258 CERTIFICATE OF DEATH DECEASED-NAME First M.ddle Lost 2a. DATE OF DEATH death. 2b. HOUR 24 haurs after death (Type or print) Bruce Norman Nicola pletely filled in by-the fur carban papers' Pages I ent, within 72 haurs after 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF JNDER I YEAR IF UNCER 24 MRS last birthday) MONTHS HDURS 2-26-1875 Male Caucasian 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED MEVER MARRIED country) Carroll U.S.A. WIDOWED IX DIVORCED Pennsylvania 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done executed within 2b KIND OF BUSINESS OR give street oddress) remove carban during most of working life, even if retired) INDUSTRY Sykesville Springfield State Hosp. abořer unknown TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and capplete director, page 3 should be detached for use as the burial-transit permit. Then please Permove carb should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event. 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. BUSIDE CITY LIM TS? 3e STREET AND NUMBER COUNTY Vine Street Westernport 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Middle Lost Middle Last attending physical attention of the state of unknown unknown requires that the death certificate 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, na, or unknown) Hospital Records 27.3-21:-591:2 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a) 4 may be retained by the haspital ar attending 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO I 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a I certify that # (this haspital) attended the deceased from 7/28 saw the deceased alive on 2/22 1969, and that in ., 19<u>.67</u>., to <u>2/22</u> 1969, and that in (aux) (our) opinion death occurred on the date and hour and from the saw the deceased alive on -couses stated abave, 10 (we) (did) (didnet) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS Springfield State Hospital Gracito Sykesv., Patricio, M.D. 23g BURIAL CREMATION 23b DATE NAME OF CEMETERY OR CREMATORY REMOVAL (Specifyl) FUNERA, DIRECTOR ADDRESS 25g. REC D BY REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02259

02263CERTIFICATE OF DEATH 2b. HOURam DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) Month 8:00 m XXXXXXX O'Haro XXXXX Rosa Virginia 2 4 RACE S. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS. 3 SEX 6. AGF (In years los birthdoy) 11/28/82 female white 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland USA Carroll DIVORCED K WIDOWED [7] 10 CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during most of work og life, even if retired.)
housewife give street address)
Springfield State Hospital INDUSTRY Rural--Sykesville 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY Carroll odmission) STATE ?N0 □ none Md. Middleburg 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle First Lost 0'Haro Charles Fannie Esworthy 16b SOCIAL SECURITY NO. 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give war or dates at service) 218-54-3407 Springfield Hospital records, Sykesville, Md. IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a) Congestiv BETWEEN ONSET AND GEATH Congestive heart failure davs DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Chronic brain syndrome associated with senile brain disease with behavioral reaction. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o, AUTOPSY? CAUSES OF DEATH? YES 🗔 NO X 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State While hat while twork 22a. I certify that (this haspital) attended the deceased from saw the deceased glive on 2/12/1959, a 8/21/, 19.67 , ta 2/11/ 1969 , that (Mr (we) last _1959_, and that in (ASA (aur) apinian death accurred on the date and hour and fram the saw the deceased alive on.... causes stated above, (a) (we) (did) (did tot) view the body after death 226 SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR 2/4/69 PHYS 22d. PHYSICIAN'S Springfield State Hospital 22e ADDRESS NAME (Type) Naci N. Buyukunsal, M.D. Sykesville, Maryland 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 23b DATE (County) 23o. BURIAL, CREMATION, Mount Olivet Cemetery Frederick. Frederick. Md. 2-7-1969 Frederick, Marylandso. RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE

Page 4 moy be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page Should be filed

low requires that the death certificate be executed within 24 hours after death.

the ottending physician and completely filled in sit permit. Then please remove-cardon popers

signed by the burial-tronsit p burial, crematia

os the

for use

or removal, and in any event, witl



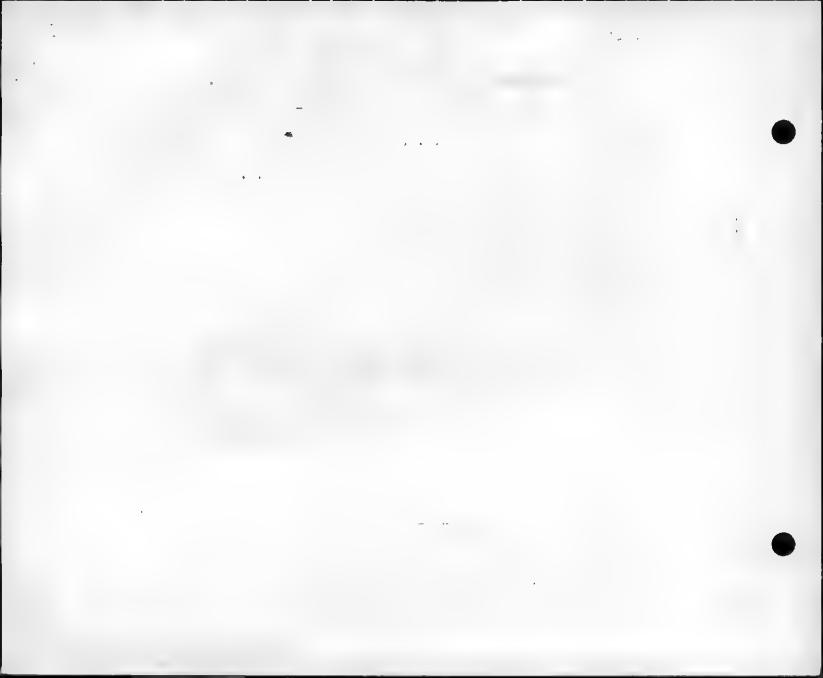
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02260 82264 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Penman 20. DATE OF DEATH Starffey THE CONCENTED PA low requires that the death certificate be executed within 24 hours after death (Type or print) Month Doy A STANISH SHOW AND SHOULD BE A signed by the attending physician pack completely filled in by the fund-burial-transit permit. Then please remaye carbon papers. Pages 1 dibunal, cremation, or removal, and smany event, within 72 hours after de 6. AGE (in years last birthday) 3. SEX S. DATE OF BIRTH YEAR MONTHS HOURS Male 7-16-90 White 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DC country) DIVORCED Maryland Allegany U.S.A. WIDOWED Carroll 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
R. R. Brakeman give street address) Springfied State Hosp INDUSTRY Sykesville Railroad 13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STATE COUNTY NO. YES [Barton Allegany 14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Last John None Penman Mackey 160 WAS DECEASED EVER IN U.S. ARMED EORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) [(If yes give wer or dotes of service) Records None APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter on y one couse per fine for (o), (b), ond (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove nse to immediate couse (a), DUE TO, OR-AS A CONSEQUENCE OF attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 os the O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? TENDING PHYSICIAN: The YES 🔲 of Health USe be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. be detoched 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. State Dept City or Town County State While Not while at work the deceased fram 12-1, 19-32, ta 2-18-19-69, that (1) (we) last 2-18-19-69, and that in (my) (our) opinion death accurred on the dote and hour and from the 22a. I certify that (I) (this hospital) attended the deceased fram... saw the deceased alive an.... should couses stated above, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR director, page 3 PHYS 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Gracito Patricio Springfield State Hospital 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) an. My unce. estern, Don

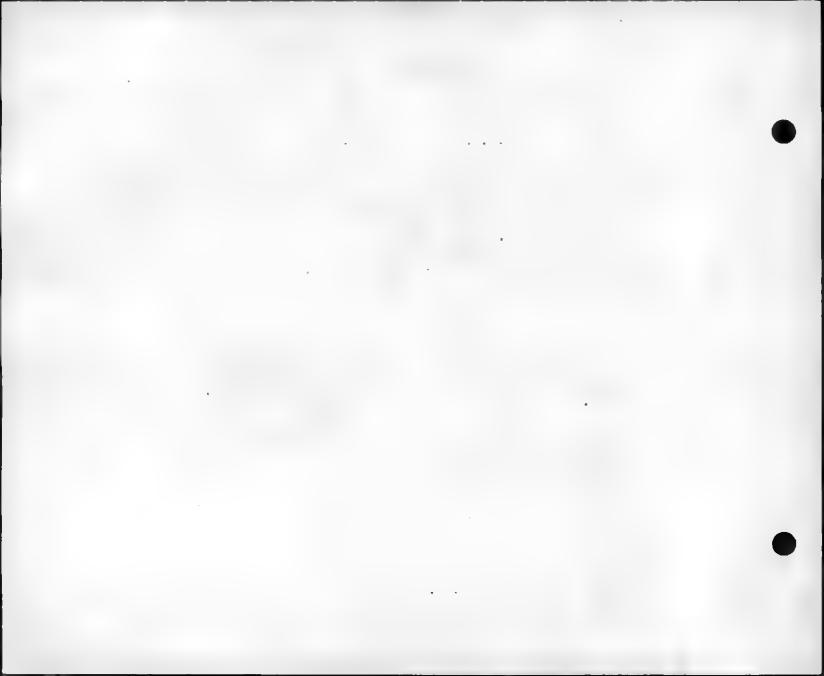
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2So, REC'D BY REGISTRAR

REGISTRAR'S SIGNATURE,

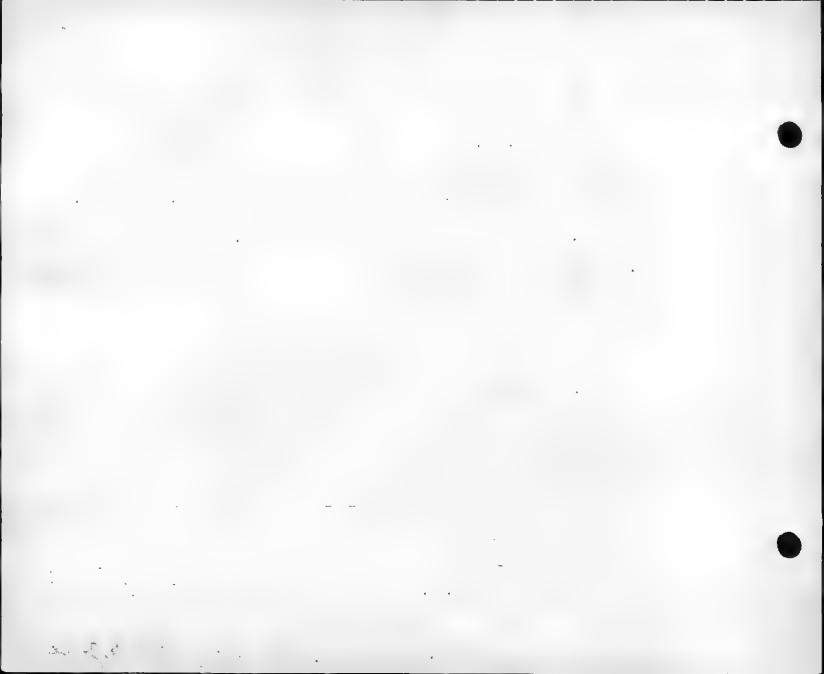
VR A15 (A) 30M REV 1X 24. FUNERAL DERECTOR





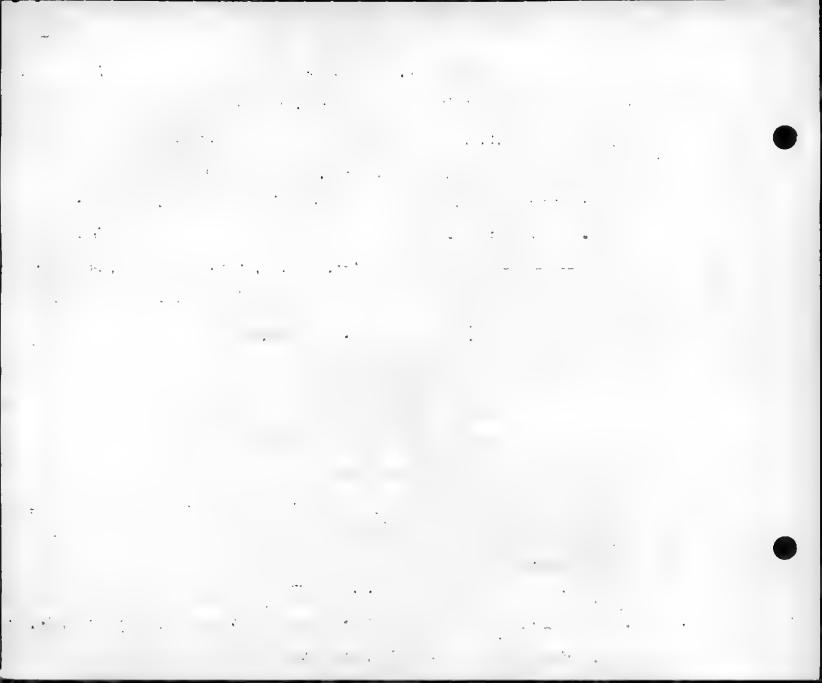
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02266 02262 CERTIFICATE OF DEATH I DECEASED NAME First M ddle Lost 20. DATE OF DEATH 2b HOUR attending physician and completely filled in by the funeral permit. Then please remove corbon papers, Pages 1 and 2 on, or removal, and many event, within 72 hours after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) WILBUR ALLEN ROCKSTROH FEBRUARY 3. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (In years F JINDER 1 YEAR IF UNDER 24 HRS lost_birthdoy) HOURS 8-9-1890 Male White 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) Maryland WIDOWED [DIVORCED [Carroll 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 26 KIND OF BUSINESS OR give street oddress)
Springfield State Hospital during most of working life, even if retired) INDUSTRY Sykesville Elevator Operator
CITY LIMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? ddmission) STATE Lary Land Waltimore City 1214 S. Charles St. YES IX Baltimore buriol, cremation, or removal, ond in any 14 FATHER S NAME First Midate Lost 15 MOTHER'S MAIDEN NAME First Middle Lost Unk. Rockstroh Unk. Blades 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no or unknown) (If yes give wor or dates of service) 217-11-1659 Records, Springfield State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) Bronchopneumonia Javs ULLI DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) (b) Pulmonary tuberculosis, active Years rise ta 'mmediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse () Arteriosclerotic cardiovascular disease Years PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

CBS assoc. with cerebral arteriosclerosis, with psychotic reaction TO FUNERAL DIRECTOR: After this certificate has been director, page 3 mhamid be dimtoched for une as the should be filed with thm State Dept. of Health mitor to be 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [NO DO 4 may be retained by the hospitol or 21o. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. N.JRY OCCURRED (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R F.D. No 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 7-19-05, 19
saw the deceased dive an 2-18-09 19 and that in (my) (aur) an . to 2-10-69 19 , and that in (my) (aur) apinion death accurred an the date and havr and from the saw the deceased alive on causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED **ATTENDING** DEGREE 2-19-69 DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Springfield State Hospital Sykesville, Maryland 2178h NAME (Type) Jose Chapulle, M. D. 23b DATE 23d LOCATION (City or Town) 230. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY ((ounty) (Stote) REMOVAL (Specify) Baltimore Jemetery Baltimore Maryland ADDRESS 2Sp. RECD BY REGISTRAR 25b REG STRAR S SIGNAT 12165. Charles 3t. DATFEB



-2.	1	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	02263
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost / 20 DATE KNOWNEZ Month	
HEALIH DEPI.	((Type or Print) JOHN E. Schmidt OF ESTI- Feb	22 169 45 pm
nd nd	3 5		Z Year 1969 Siwin
		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9 COUNTY OF DEATH Car	roll Md.
frem 18 Give Poges 1, Office olong with form 1 and 2 with the State De offer death.		CITY OR TOWN OF DEATH II NAME OF HOSP TAL OR INSTITUTION (If not in haspital during most of working life want retired.) I NAME OF HOSP TAL OR INSTITUTION (If not in haspital during most of working life want retired.)	12b. KIND OF BUSINESS OR INDUSTRY
hours after fem 18 Giv Office olong 1 and 2 with t		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. IMSIDE CITY JIMITS? 13e. STREET AND NUMBER 2dmission) STATE Md. 13b COUNTY CARROLL Westminster YES NO 12 BIRd View	Road
Office I and 2	14, (FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Bentreus
within 24 pencl in cominers cominers le pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Yes, no optunknown) (If yes give wor or dates of serv. e) 2/5/6 6/35 MRS. Viola Schmidt West.	1 44 1
INER: This certificate should be executed within 24 hours after death e certificate, writing the word "pending" in pencl in fem 18, Give Page should be forwarded to the Chief Medical Examiner Office along with files. 3 should be used as a buriof transit permit. File pages I and 2 with the Stariation, or removal, and in any event within 72 hours ofter death.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERTY OF THE PART OF THE PARTY OF T	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH
ld be exected "pendir Chief Med tronsit per		Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF CAPPERED CLEDATED CONDITIONS OF THE CONTRACT OF CLEDATED CLEDATED	Int.
should the word the Chi		rise to immediate cause (a), stating the underlying couse last. (b) DUE TO, OR AS A CONSEQUENCE OF	
icote st ing the ded to as o bu i, ond ir		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
is certificate to, writing the forwarded to used as o bremoval, and	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
年 二 9 9	¥	21d EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 19 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of nijury in Part 1 or Part 2, In CAUSE OF DEATH P.M. 19	
	MED	21d INLJRY OCCURRED WHILE AT WORK AT WORK AT W	County State
AL EXA execute r. Page I for you fOR: Pag		220. I certify that I taok charge of the remoins described obove, held on Autopsy , Inspection , Inquiry	ond in my opinion
bical EXAM lease execute the director. Page 4 stained for your DIRECTOR: Page of to buriol, crem		deoth resulted fram: Natural causes Accident , Supeide , Homicide , Undetermined manner	
JIY BIC. Try, please e erol director be retained RAL DIRECT prior to bu		ACTUAL MOUSE C. Carterfiel CHIEF MEDICAL EXAMINER 1	
JITY Fry, I erol be r RAL price		SIGNATURE / CONTROL EXAMINER 220. DATE	22-69
o DEPUTY DICA necessory, please extended director. S may be retained or FUNERAL DIRECTOR. Health prior to built		NAME (Type) M.C. PORTERFIELD ADDRESSISSION MY 1200 & CARIE	10/1 Mel
10 TO F	230		(Caunty) (State)
196	74	FUNERAL DIRECTOR JOHN ADDRESS 250 REC'D BY REG STRAR 25b. REGISTRAR'S	SIGNATURE .
VR ATSME (STA			ver Judge





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 82269 02265 CERTIFICATE OF DEATH DECEASED-NAME First Lost Middle 20 DATE OF DEATH signed by the attending pitys cron out completely filled in by the funeral burial-tronsit permit. Then please remove corbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72-baris after death. 2b. HOUR executed within 24 haurs after death (Type or print) Richard William Thomas February 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years F JNDER 1 YEAR IF UNDER 24 HRS Male 11-10-05 Negro 7o. BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED X NEVER MARRIED country) Carroll County Marvland U.S.A. WIDOWED [DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Springfield State Hospital during most of working life, even if retired) INDUSTRY Sykesville 130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER The COUNTY Montgomery Sandy Spring SS 14. FATHER S NAME 15 MOTHER'S MAIDEN NAME First First Middle Lost Lost Liza Ella Thomas unk. lion 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no, or unknown)
None 227-09-8447 Records, Springfield State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY.

Herming Planting BETWEEN ONSET AND DEATH Hemiplegia, right-sided, due to days IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove? Cerebral thrombosis, due to days rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physician. stating the underlying couse Generalized arteriosclerosis years PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the Should be filed with the State Dept. of Health prior to CBS, associated with cerebral arteriosclerosis with behavioral reaction OR ATTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗆 NO K 210 ACCIDENT WAS UNDERLYING 216. TIME OF INTURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, not fy medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. NJURY OCCURRED City or Town County Stote While Not while of work 22b SIGNATURE 22c DATE SIGNED ATTENDING MED 2-19-59 PHYS. DIRECTOR 22d PHYSICIAN S 22e ADDRESS NAME (Type) Springfield State Hospital Octavio A. 230 BURIAL CREMATION. 23b DATE NAME OF CEMETERY OR CREMATORY (City or Town) ((ounty) VR A

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

02266

82270 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR William Stanley Thompson (Type or print) Month 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lest birthdoy) MONTHS HOURS Oct. 5, 1918 White Male 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED ** NEVER MARRIED attending physicion and completely filled in permit. Then please remove carbon popers. country) Md. USA Carroll DIVORCED [WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito! 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address 11 during most of working life, even if retired.) Co. Hospt. Westminster Random House 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? Main St. 253 S. (odmission) STATE 13b. COUNTY Hampstead Md. Carroll. YES PF NO F and in any IS. MOTHER'S MAIDEN NAME First 14 FATHER S NAME Lost Middle First Middle William S. Thompson Pearl (Unknown) 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, orwnknown) (if yes gryewer and less of service) 212-22-2865 Mrs. Valerie Thompson Hampstead, Md. or removo 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY RESPIRATORY 3 WEEKS IMMEDIATE CAUSE (o) signed by the atterniburial-transit permit burial cremation, o DUE TO, OR AS A CONSEQUENCE OF Conditions If ony, which gove CHRONIC OBSTRUCTIVE rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES A NO [for use 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work causes stated above, (1) (we) (did) (did not) view the body after death. 226 GKATURE 22c DATE SIGNED MED. DIRECTOR director, page should be filed PHYSICIAN S 22e. ADD RESS NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 230 BURIAL, CREMATION, 23b DATE (County) Upperco, Md. 品的标(冯王岭) Grace Cemetery Feb. 10, 1969 Eline Funeral Home Hampsteadm Md. 25b REGISTRAR'S SIGNATURE. 2So REC D BY REGISTRAR

TO FUNIRAL DIRECTOR: After this certificate has been VR A15 (1) 30M REV. 1

requires that the death certificate be executed within 24 hours after death.

by the hospital or attending

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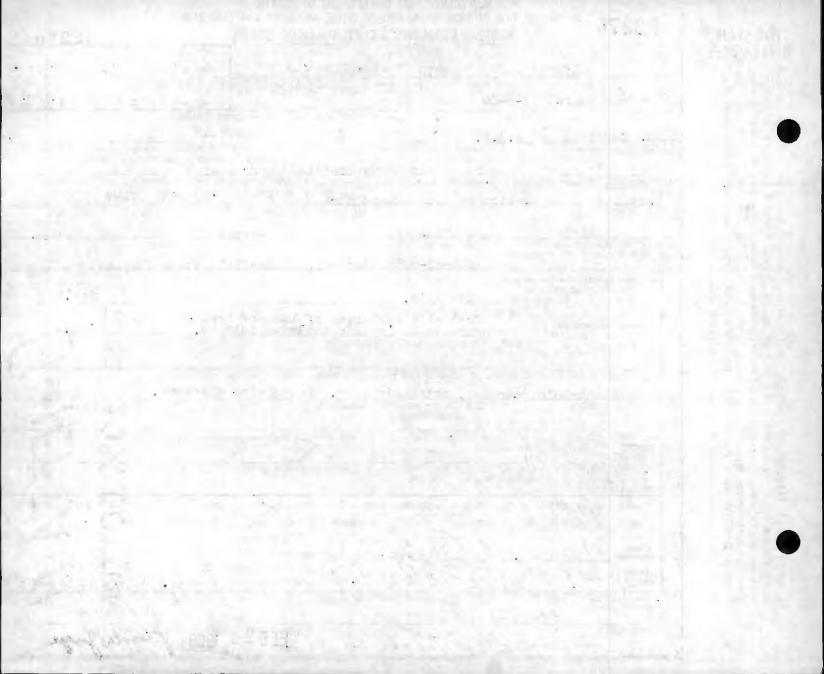
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02267 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death by the Turneral Pages 1 and 2 mplately filled in 6y the Turbral te tarban papers. Pages 1 and 2 event within 72 haufseffer death Torothy (Type or print) Month 20 Caroline Day Tornow Year AQ lla M 3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last Birthday) remale hite harch F. 1926 HOURS 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED 9 COUNTY OF DEATH country) Maryland filled in I S.A. Carroll WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Sykesville, Md. give street address) Springfield Stateduring most of working life, even if retired) INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY UMITS? 13e STREET AND NUMBER odmission) STATE Maryland 186 COUNTY Dolling Caltimore attending physician and commit. Then please remo burial, crematian, ar remaval, and in any 14. FATHER S NAME Middle Last IS. MOTHER'S MAIDEN NAME First First Ernest Tornow Koebl Larv 16b. SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war ar dates of service) 220-30-4603 Springfield State Tospital, Sykesville 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED 8Y.
IMMEDIATE CAUSE (0) permit. Pneumonia lavs DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) use as the talk Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been Schizophronia Peaction, chronic undiff type 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO IN be detached far use State Dept. af Health 21a, ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, natify medical examiner) HOUR A.M. Month Day Year PM. director, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City of Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased fram AUE • 14 , 1953 , to 165 1 , 1969 , that (I) (we) last sow the deceased alive on 165 , and that in (mv) (our) opinion death occurred on the date and hour and from the couses stated above (1) (we) (and district) view the body ofter death. 22b-SIGNATUR 22c. DATE SIGNED alundegree ATTENDING PHYS 20e ADDRESS Springfield State Hosp. Sykesville 22d. PHYSICIAN S Dr. Antamus 41 NAME (Type) 23b, DATE 23c NAME OF CEMETERY OR CREMATORY 23c BURIAL CREMATION, 23d LOCATION (City or Town) (State) (County) REMOVAL (Specify) Holv Redeemer .W.Jenkins : Jons Co. 1905 York Rd. 30M REV 1/68







1 4	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02270
HEALTH DEPT.		DECEASED-NAME First Middle , Lost 20 DATE KNOWN Manth E	The state of the s
ay is 3 to Page at of		Type or Print) LILLIE, RITH WELLS OF ESTI- FL. 2.	1 1969 1240/24
delay and 3 A3 Pa	3. 5	Just hydrodian's MONTHS DAYS MONTHS MIN	2d. HOUR
y dela	-	Negro 7-5-24 4 4 485	19 69128 M
n, 1, 2 De p		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	- 0
Pages ith far State	St	Outh Carolina U.S.A. WIDOWED K DIVORCED Carroll CHTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 13)	Mc
after death. 8. Give Pages 1, blang with farm with the State Deeath.		give street address) during most of working life, even it retired.)	2b. KIND OF BUSINESS OR IDUSTRY
Give mg th th		USUAL RESIDENCE (Where deceased lived, if institution: Residence before) 32. CITY OR TOWN 134. INSIDE CITY UM/15? 136. STREFT AND INHAPER	
s after alang	0	dmission) STATE Was County Baltimore City Baltimore YES NO 753 Lake Drive	
them 18. Give for office along winds.		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
1 24 H		Early Summers Bertha	Lones
within 24 pencil in kaminers kaminers le pages 72 hours	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give wor or dates of service) 251-22-6055 Records. Springfield State Hoggit	
d wit in per Exan File	I I		APPROXIMATE INTERVAL
wecuted in Medical Elements. Find the Medical Elements is the medical Elements in the medical Elements in the medical Elements is the medical Elements in the medical Elements in the medical Elements in the medical Elements is the medical Elements in the medical Elements		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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be executed within "pending" in pencil nief Medical Examine ansir permit. File pagevent within 72 hou		Conditions, if ony, which gave occurrence of larynx of base of tongue (b) probably during a convussive seizure.	mins.
ony any		rise to immediate couse (a), (b) propably during a convussive setzure. Due To, or As A Consequence of	marro .
e shauld be e the ward "per ta the Chief ! i burial-transit id in any even		(c)	
a ±		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writing writing rwarded rsed as a	NO	Schizophrenic reaction, catatonic type. Convulsive disorder.	20. AUTOPSY?
its certification in the straight in the strai	CERTIFICATION	WAS PERFORMED?	YES TO NO
ER: This certificate, auld be fa	CERT	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
INER: T he certifice shauld b files. 3 shauld natian, ar	CAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
L EXAM lecute th Page 4 far yaur R: Page		AT WORK AT WORK	
× × × b S pi		22a. I certify that I taak charge of the remains described above, held an Autopsy 🖳 Inspection 🔲, Inquiry 🔲,	and in my apinian
		death resulted fram: Natural causes 🗌 , Accident 🗋 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗀	
		ACTUAL Many B. C. Parter Leel CHIEF MEDICAL EXAMINER 22b, DATE SH	CMED
ury, any, neral be be pri		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	21/69
necessary, plane the funeral of S may be re ro FuneRal. Health prior		NAME (Type) M. C. PURTERFIELD & M.L. ADDRESS(Street, city, town, or couply) AND STE	EARL MY
5 # 5 P # H	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Company)	ounty) (State)
	-	REMOVAL Specific 2/27/69 COLUMBIA	; / C *
VR A15ME (5)	12	FUNERAL DIRECTOR ADDRESS ADD	NAMIRE
10M REV, 1/68	1	IAM JAM TO GO O LETTINO OF DATE	0 0



MARYLAND STATE DEPARTMENT OF HEALTH

